

Olmstead Task Force
P.O. Box 339
Honolulu, Hawaii 96809-0339

January 12, 2005

The Honorable Linda Lingle
Governor of Hawaii
415 South Beretania Street
Hawaii State Capitol
Honolulu, Hawaii 96813

Dear Governor Lingle:

Back in January 2004 you asked us to develop an Olmstead Implementation Plan for the State of Hawaii. A group of approximately 70 individuals were invited to participate, but only a small group of individuals consistently worked over the past months to provide you the enclosed recommended plan. In December 2004 we held our final meeting at which we voted to send the recommended plan to you and your designated representatives for the Olmstead Implementation Plan, Lillian B. Koller, Director of Human Services, and Dr. Chiyomi Fukino, Director of Health. Each organization, including the major divisions within each state department, or individual advocate was allowed a vote. The final tally of votes is provided in the attachment to this letter.

The vote was not unanimous. State department personnel largely voted to move the plan forward while advocates and advocacy organizations largely voted to continue working on the plan. Concerns related to the recommended plan, as expressed by those voting against submittal of the plan in its present form, are summarized below:

Appearance of lack of commitment. There was active participation by staff representing the Department of Human Services and the Department of Health and their attached agencies - Housing and Community Development Corporation of Hawaii, Developmental Disabilities Council and Disability and Communication Access Board. However, there was either no or minimal participation by the other state departments, and completion of the recommendations required us to assign tasks to parties who had not been "at the table." In order to implement the recommended plan, it is important to receive commitment from all of the state departments, and individual counties. We urge you to educate and commit the state departments to the plan and to request the counties to do the same.

Budgetary concerns. The Olmstead Implementation Plan does not have any recommended budgets because none of the Task Force members could develop, authorize or commit to a new budget. While some action items do not require a budget, many actions may require new or additional funds. To demonstrate

The Honorable Linda Lingle

January 12, 2005

Page 2

commitment to the Olmstead principles and to the recommended plan, it is important that your administration support additional funding, if needed, to the effort to maintain individuals in the community.

Need for an assigned oversight organization. The Olmstead Task Force members want assurance that the plan will be implemented. Thus, the Task Force feels that one of the most important recommendations is the identification of an organization to serve as an oversight entity monitoring progress on implementation and communicating regularly with the Task Force.

The Task Force devoted substantial time and energy in developing the recommended action steps and want to continue its involvement in the implementation. We understand that you must share the plan with your department directors, and determine whether the proposed action steps can be implemented. We would appreciate this letter accompanying the referral of the plan to the department heads so that they are aware of our concerns and expectations. If you need to change some of the recommended actions and timetable, we would like to be informed of the change and the reason(s) for the change. This will help us to understand the situation and to assist in implementation. Please communicate to us your decision to accept or modify the plan by April 15, 2005.

We recognize that the Olmstead Implementation Plan will be a work in process. Over the course of a year, action steps may be implemented, revised, or delayed. Whichever the case, we want to be involved. We urge you to establish a regular process for reviewing actions to date and for making suggestions for new actions. We have individuals with significant and valuable experience that can help develop new or revise existing programs and services, and we encourage you to find ways to continue our participation.

We believe we all want the same thing - to work together to develop a better place for all Hawaii residents. We look forward to hearing from you and receiving feedback on our recommendations.

With much hope and gratitude,

The Olmstead Task Force

c: Honorable Lillian B. Koller, J.D., Director, Department of Human Services
Honorable Chiyomi Fukino, M.D., Director, Department of Health

Enclosures

Olmstead Task Force “Voting”*

<u>Name</u>	<u>Organization</u>	<u>Yes</u>	<u>No</u>
Patty Johnson	Social Services Division, DHS	X	
Al Arensdorf	Child and Adolescent Mental Health Division, DOH	X	
David Fray	Developmental Disabilities Division, DOH	X	
Doran Porter	Statewide Independent Living Council	X with reservations	
Waynette Cabral	Developmental Disabilities Council, DOH		X
Debbie Jackson	Disability Access and Communications Board		X
Pat Sasaki	Executive Office on Aging, DOH	X	
Betsy Whitney	Advocate		X
Pat Lockwood	Hawaii Centers for Independent Living		X
Bill Lennox	Adult Mental Health Division, DOH	X	
Mark Romoser	Advocate		X
Sheryl Nelson	Advocate		X
Becky Ozaki	Center for Disability Studies, University of Hawaii	X	
Leolinda Parlin	Family Voices	X	
Roseanne Poyzer	Healthcare Association of Hawaii	X	
John Noland	Vocational Rehabilitation and Services for the Blind, DHS	X	
Alan Matsunami	Med-QUEST Division, DHS	X	
Total		11	6

*Only those present at the meeting were allowed a vote. Each organization, including the divisions of the large departments, was allowed one vote.

Hawaii Olmstead Implementation Plan
October 1, 2004

INTRODUCTION

In June 1999, the United States Supreme Court, in *Olmstead v. L.C.*, 119 S. Ct 2176, ruled that it is a violation of the Americans with Disabilities Act (ADA) for states to discriminate against people with disabilities by providing services in institutions when the individual could be served more appropriately in a community-based setting. States are required to provide community-based services for people with disabilities if treatment professionals determine that it is appropriate, the affected individuals do not object to such placement, and the state has the available resources to provide the community-based services. The Court suggested that a state could establish compliance with the ADA if it has 1) a comprehensive, effective working plan for placing qualified people in less restrictive settings, and 2) a waiting list for community-based services that moves at a reasonable pace.¹

To meet its obligation, the state created an Olmstead Task Force comprised of people with disabilities, their family members, advocacy groups, non-profit agencies, businesses and government agencies. The Department of Human Services, Department of Health and the Hawaii Centers for Independent Living led a series of meetings with the Task Force members to identify the principles, goals and objectives, and strategies of the Hawaii Olmstead Plan. In October 2002, Hawaii's Olmstead Plan was finalized and delivered to Governor Cayetano, who in turn, transmitted it to the Legislature via the Senate President and Speaker of the House on November 29, 2002.

In January 2004, the Olmstead Task Force was reconvened by Governor Lingle to identify specific actions, assignments and timelines to implement the Hawaii Olmstead Plan. The same Task Force members from the earlier planning process were all invited to participate in the Olmstead Implementation planning process. Nearly every month and sometimes two times per month, the Olmstead Task Force convened to discuss and decide on the various recommended actions. The attached Implementation Plan represents the final work product of the group and establishes the actions for the state for the next three years. As with other plans, it is critical that the Plan be reviewed regularly and adjusted for changes.

OLMSTEAD IMPLEMENTATION PLANNING PROCESS

When Governor Lingle reconvened the Olmstead Task Force, she assigned the task of finalizing the Implementation Plan to Dr. Chiyomi Fukino, Director of Health, and Lillian Koller, Director of the Department of Human Services. Each, in turn, assigned individuals within their departments to lead and work on the Olmstead Implementation Plan. In January 2004 the original membership of the Olmstead Task Force was invited for an introductory meeting at the State Capitol. There, it was agreed that the Hawaii Olmstead Plan developed in 2002 was still appropriate and applicable, and therefore, would remain unchanged. The reconvened Task Force would then concentrate its efforts in identifying specific actions to support the implementation of the Plan. Towards this end, the Olmstead Task Force organized itself into four work groups

¹ Rosenbaum Sara, *The Olmstead Decision: Implications for Medicaid*, for the Kaiser Commission on Medicaid and the Uninsured: Washington, DC, March 2000

consistent with the four goals identified in the Olmstead Plan. The four groups worked to develop priorities, action steps, timelines and assignments for the following goals:

- Information, Education and Self-Empowerment
- Individual Equity, Assessment and Planning
- Financial Empowerment
- Infrastructure Development (housing, workforce, employment transportation, human services)

The individual work groups met on their own to develop recommended action items for each specific area. Although each group was able to provide recommended actions, in some instances, the work groups felt they lacked the necessary information or expertise to develop appropriate action items. In other cases, the work groups felt that the entire Task Force should be involved in the decision-making for the recommended actions. In the end, these issues and questions were discussed along with the specific work group recommendations with the Olmstead Task Force. The Task Force met formally eleven times to discuss and refine the recommendations of the four groups holding its final meeting in late September 2004.

Although the Olmstead Task Force membership was extensive (Appendix A), only a limited number of individuals actively and consistently participated in the planning process. Despite the smallness of the group, there was good participation and representation from individuals with disabilities, family members, advocates, providers, and state agencies. For this reason, the Olmstead Task Force feels confident that proposed Implementation Plan is one that can be largely supported by the state agencies and Hawaii's residents.

HAWAII OLMSTEAD IMPLEMENTATION PLAN

The Olmstead Implementation Plan is presented in Appendix B and is organized by the original four goals and the individual strategies. For each individual strategy, the Plan identifies the specific recommended action item, the lead agency, other assisting agencies and organizations responsible for the action, and the timetable for completion. The state Department of Health and Department of Human Services (DHS) are most predominantly listed as the lead agencies because both have responsibility for administering programs that support persons with disabilities. DOH operates programs to assist persons who have developmental disabilities/mental retardation, adults who are seriously and persistently mentally ill and children/youth with disabling conditions. As the state's Medicaid agency, DHS oversees the Medicaid/QUEST programs and the home and community-based waiver programs. It also has responsibility for the vocational rehabilitation program and has the state housing agency administratively attached.

The Plan recognizes that implementing real system changes to enable more people to live successfully in the community requires the contribution of many more state agencies and community groups. The administratively attached agencies such as the Executive Office on Aging (EOA), Disability and Communications Access Board (DCAB), Developmental Disabilities Council (DDC), and Housing and Community Development Corporation of Hawaii (HCDCH) are identified separately in the Plan since the departments do not have a direct supervisory responsibility over these agencies. Other agencies that are less commonly named, but assigned responsibilities, include the Department of Transportation, Department of Labor and Industrial Relations and the Department of Education. Finally, although consumers, advocates

and providers are not specifically identified for each action item, the Olmstead Task Force expects that these groups will be involved throughout the implementation process. This is more fully discussed under Guiding Principles.

The Task Force began the planning process with the intention to establish a budget for each of the action items. However, at the end, most participants felt that they were not in a position to determine the budget amount, and needed to leave the budget development with the lead agency. With two exceptions, the Implementation Plan also does not specify whether additional staffing or other resources are required to implement the action item. Again, this is left to the discretion of the lead agency. The two exceptions are the recommendations for positions to implement the actions for Strategy 4d6 (to assign a disability access liaison from the Disability and Communication Access Board (DCAB) to assist with the developing and implementing a unified transportation plan) and for Strategy 5a1 (to identify a quality assurance entity to assume responsibility for monitoring and evaluating implementation of the Olmstead Plan). Sufficient funding to assume these additional new functions is necessary for whichever organization receiving these assignments. The Olmstead Task Force is aware that the Legislature will determine whether permanent civil service positions are established and/or whether other resources (e.g., to contract services) will be provided.

All of the action steps in the Implementation Plan are identified with a timetable for immediate, intermediate and long-term. Immediate actions are those that can begin within six months of the implementation plan being accepted by the Governor. For the most part, these actions require no additional financial resources and can be performed by existing state agency staff. Additionally, the assigned tasks are consistent with the agency's current mission, objectives and responsibilities and may require only administrative action. If any data analysis is required, the data should already be available within the department. Intermediate actions will take place between six to eighteen months, and long-term actions are those which may take between eighteen months and three years to implement. Intermediate and long-term actions may require legislative changes, federal approvals, and/or additional funding from the Legislature. Certain long-term actions are reflective of the length of time required to implement new programs or to develop an appropriate infrastructure in the community to service persons with disabilities.

Throughout the various Olmstead Task Force meetings, there were many discussions on a variety of difficult topics. Although it is not possible to summarize all discussions, the following are some of the "themes":

- Available data and common sense dictate that we acknowledge a significant portion of Hawaii's population is living with a disability. In addition to individuals living longer, new treatments and technology are saving many more lives. Despite the increasing number of persons with disabilities, Hawaii's bed count in hospitals and nursing homes have remained stable. This situation poses both a challenge and opportunity for the State. Because the number of institutional beds is limited, there is a built-in incentive for the community to encourage individuals to live as long as possible either in their own or other homes in the community. The challenge, however, is find infrastructure solutions that support individuals with disabilities to live in the community as independently as possible. This means tackling difficult issues related to housing, transportation, support services, and work opportunities. The Task Force recognizes that addressing these issues will require more information, more time, more funds, and improved coordination between government agencies and private sector. The resulting Plan reflects this understanding and provides a realistic timetable for accomplishing the proposed actions.

- As noted previously, the state is not burdened with a large number of institutional beds and the infrastructure is not yet sufficiently developed that every individual with a disability can be cared for safely and appropriately in the community. Therefore, the Task Force accepts the fact that some individuals today and into the foreseeable future, will be placed in institutions. Given the current situation, it is important that activities are in place to educate and offer choice at the point of entry into the institution, and to regularly review the health status of individuals living in institutions and to plan, if appropriate, for the individual's eventual discharge.
- Information is the key to making an informed choice or decision, and the Real Choices website is a significant accomplishment in consolidating the vast range of information on long-term care and alternative community placements. The Plan supports the Real Choices website, but recognizes that additional work is needed to maintain accurate and current information and to improve accessibility. It also recognizes that Real Choices is one of many alternative information sources and that other formats and venues must be continually explored to reach the greatest number of individuals.

GUIDING PRINCIPLES

The Hawaii Olmstead Plan adopted the following guiding principles from the federal guidance communicated from the Centers for Medicare and Medicaid Services (CMS) to the State Medicaid Directors.²

Principle 1: Develop and implement a comprehensive, effectively working plan (or plans) for providing services to eligible individuals with disabilities in more integrated, community-based settings.

Principle 2: Provide an opportunity for interested persons, including individuals with disabilities and their representatives, to be integral participants in plan development and follow-up.

Principle 3: Take steps to prevent or correct current and future unjustified institutionalization of individuals with disabilities.

Principle 4: Ensure the availability of community-integrated services.

Principle 5: Afford individuals with disabilities and their families the opportunity to make informed choices regarding how their needs can best be met in community or institutional settings.

Principle 6: Take steps to ensure that quality assurance, quality improvement and sound management support implementation of the plan.

² Olmstead Plan State of Hawaii, October 16, 2002

These same principles were considered in the development of the action steps for the Implementation Plan. The Olmstead Task Force added the following principles to guide the state agencies as they implement the action items of the Plan.

- Seek participation from consumers and providers, as well as councils and advocacy organizations statewide.
- Provide these participants access to meetings and agency activities where Olmstead action items are discussed.
- Identify opportunities and to the extent possible, establish reimbursement mechanisms to compensate participants for their expertise and/or provide paid staff whose primary responsibility is to advocate for consumers.

PROGRESS TO DATE AND NEXT STEPS

Long before the Olmstead decision, Hawaii had implemented programs to service persons with disabilities in the community. In addition to institutional care, the Medicaid program covers home health, hospice care and medical transportation to enable individuals to remain in their homes. The State also had elected and implemented several Medicaid home and community-based services waiver programs which include, but are not limited to, Nursing Home without Walls, HIV Community Care Program and the Medically Fragile Community Care Program. The state closed Waimano Home, the only state-operated ICF-MR facility, in June 1999. It continued to operate a crisis shelter and residential homes on the property, but these too were closed by December 2002 and all previous Waimano residents were transitioned into community placements. Prior to the Waimano closing, the Developmental Disabilities Division (DDD) of the Department of Health increased the number of community-based services and has significantly reduced the waitlist for DD/MR waiver services. DDD continues to examine and look for ways to provide more and a broader array of services to sustain current and future clients in the community.

The Adult Mental Health Division (AMHD) of the Department of Health has also been active in the recent years developing and expanding services in the community for adults who are seriously mentally ill. Most recently, AMHD began the process for discharging persons who are dually diagnosed with either mental retardation or developmental disability and a mental health diagnosis from the State Hospital into the community. Both Divisions are working jointly with the Med-QUEST Division (MQD) of the Department of Human Services to create an infrastructure to support these individuals in the community.

The Department of Human Services implemented the “Going Home” project which allows the transfer of Medicaid state plan funds (from MQD) to Medicaid home and community based waiver programs operated by the Social Services Division (SSD). This “money follows the person” concept has been applied to individuals in acute hospital beds waitlisted for skilled nursing level of care. Persons waitlisted in hospital beds are allowed to enter “slots” in the Residential Alternatives Community Care Program (RACCP), if they so choose. Previous to the funds transfer, new admissions to the RACCP would have been restricted due to funding constraints.

Despite these efforts, more work is needed to improve the delivery system. The State agencies recognize that some individuals who desire to return to the community still remain institutionalized because either the infrastructure or the technology is not yet available to safely and economically sustain the individuals in the community. Many providers do not have the array of services nor the knowledge, experience and ability to service people with complex needs. Addressing these capacity issues will require new funding and new innovations to cover the cost of more complex plans of care. Finally, more money and effort are required to prepare, consolidate, summarize and disseminate information, establish consumer-directed programs and to assist individuals to transition from institutions to communities. The state has received a number of grants to support these system change efforts. Most notably, is the \$1.35 million Real Choices grant awarded in 2001 to develop and implement a web-based single entry point system. The website was successfully launched in February 2003 and now provides information on a wide array of service options including long-term care.

Refer to Appendix C for a description of the living options and support services available through current government sponsored programs. Appendix D provides a baseline of the number of persons served and dollars expended for government sponsored services, and Appendix E provides a more complete description of other Olmstead-related activities.

ACRONYMS USED IN OLMSTEAD IMPLEMENTATION PLAN

ADA	Americans with Disabilities Act
AG	Department of Attorney General
AMHD	Department of Health, Adult Mental Health Division
B&F	Department of Budget and Finance
DCAB	Disability and Communications Access Board (administratively attached to Department of Health)
DCCA	Department of Commerce and Consumer Affairs
DDC	Developmental Disabilities Council (administratively attached to Department of Health)
DDD	Department of Health, Developmental Disabilities Division
DHHL	Department of Hawaiian Home Lands
DHS	Department of Human Services
DLIR	Department of Labor and Industrial Relations
DOE	Department of Education
DOH	Department of Health
DOT	Department of Transportation
EOA	Executive Office on Aging (administratively attached to Department of Health)
H&CBS	Home and community-based services
HAH	Healthcare Association of Hawaii
HCDC	Housing and Community Development Corporation of Hawaii
HCIL	Hawaii Centers for Independent Living
HDRC	Hawaii Disability Rights Center
HLTCA	Hawaii Long-Term Care Association
HUD	Federal Department of Housing and Urban Development
OHA	Office of Hawaiian Affairs
SILC	Statewide Independent Living Council
U.S.D.A.	United States Department of Agriculture
UH CDS	University of Hawaii, Center of Disability Studies
VRSBD	Department of Human Services, Vocational Rehabilitation and Services for the Blind Division

Appendices

- A Olmstead Task Force Membership
- B Olmstead Implementation Plan
- C Description of Living Options and Community Services
- D Baseline Information
- E Olmstead-Related Activities

APPENDIX A

OLMSTEAD TASK FORCE MEMBERSHIP

Title	Last Name	First name	Agency
Ms.	Anderson	Suzie	Social Security Administration
Dr.	Arendsdorf	Alfred	DOH/CAMHD
Mr.	Balayan	Oscar	United Cerebral Palsy Association of Hawaii
Ms.	Bender	Janet	Alzheimer's Disease & Related Disorders Assoc.
Ms.	Byers	Terri	Vice President, Healthcare Association of Hawaii
Ms.	Cabral	Waynette	Developmental Disabilities Council
Ms.	Canuteson	Deann	Full Life
Interim DIR	Chandler	Susan	University of Hawaii, Public Policy Center, College of Social Sciences
Dr.	Conner	Angie	
Ms.	Donkervoet	Christina	DOH/Chief, Child & Adolescent Mental Health Division
Mr.	Flores	Mike	U. S. Dept of Housing & Urban Development
Ms.	Fouts	Donna	United Cerebral Palsy Association of Hawaii
Mr.	Fray	David	DOH/Chief, Developmental Disabilities Division
Dr.	Fukino	Chiyome	Director of Health
Ms.	Fukunaga	Cheryl	U. S. Dept of Housing & Urban Development
Mrs.	Gillette	Kaanoi	DOH/AMHD
Ms.	Grossman	Naomi	Autism Society of Hawaii
Mr.	Gusman	Les	Mental Help Kokua
Ms.	Hawkinson	Kari Jo	Assist Guide
Ms.	Hill	Michelle	DOH/DDIR, Behavioral Health Administration
Ms.	Hiramatsu	Aileen	DHS
Ms.	Ihu	Liz	Family Member/Ho'oheno Inc.
Ms.	Jackson	Debbie	Disability & Communications Access Bd. (DCAB)
Ms.	Johnson	Patty	DHS/SSD/ACCSB
Ms.	Kaito	Gail	City & County, Dept. of Community Services
Mr.	Kanno	David	DOH/DD Division
Mr.	Kawakami	Norman	Easter Seals
Ms.	Kofel	Sandy	University of Hawaii, Center on Disability Studies, c/o CPASS
Ms.	Koller	Lillian	Director of Human Services
Mr.	Kula	Steve	The ARC in Hawaii
Ms.	Lee	Lynn	U. S. Dept of Housing & Urban Development
Mr.	Lennox	William	DOH/Chief, AMHD Consumer Affairs
Hon.	Lingle	Linda	Governor, State of Hawaii
Ms.	Lockwood	Patricia	Hawaii Centers for Independent Living
Ms.	Lundstrom	Joanne	Mental Health Kokua

APPENDIX A

OLMSTEAD TASK FORCE MEMBERSHIP

Title	Last Name	First name	Agency
Ms.	Maluafiti	Alicia	AARP
Mr.	Matsunami	Alan	DHS/MQD/PPDO
Ms.	Maunakea	Lynn	Institute for Human Services
Ms.	Medeiros	Nani	Policy Analyst, Office of the Governor
Ms.	Miyake	Karen	Elderly Affairs Division
Ms.	Molloy	Beth	American Association of Retired Persons
Ms.	Murray	Julie	Winners at Work
Ms.	Nelson	Sheryl	Open Access
Mr.	Nitta	Al	Planner, Housing & Community Development Corporation
Mr.	Noland	John	DHS/VRSD
Mr.	Obatake	Mark	
Ms.	Ogawa	Sharon	Hawaii Long Term Care Association
Ms.	Ota	Charlene	
Ms.	Ozaki	Becky	CDS/University of Hawaii
Ms.	Parlin	Leolinda	
Ms.	Poirier	Marion	National Alliance of the Mentally Ill
Mr.	Porter	Doran	Statewide Independent Living Council
Mr.	Powell	Sam	Winners at Work
Ms.	Poyzer	Rose Ann	Healthcare Assoc. Of Hawaii, Home Care & Hospice
Ms.	Ramsey	Mildred	Residential Choices
Mr.	Romoser	Mark	HCIL
Dr.	Rosen	Linda	DOH Deputy Director/Health Resources Admin
Ms.	Rydell	Mary	Pacific Area Rep for Center for Medicaid/Medicare Services
Ms.	Sasaki	Pat	DOH/EOA
Mr.	Shacter	Joe	DOH/DD Council
Ms.	Shin	Rose	DOH/DD Council
Ms.	Smalley-Bower	Helen	Individual Care Planners, Inc.
Mr.	Spector	Richard	CMS, Region IX
Mr.	Smith	Gary	Hawaii Disability Rights Center
Mr.	Sted	Charles	Housing & Community Development Corp HI
Director	Stodden	Robert	Center for Disability Studies, University of Hawaii
Mr.	Sypeniewski	Kevin	AssistGuide
Ms.	Tizard	Diane	
CEO, Pres.	Tsuji	Marian E.	Lanakila Rehab Center, Inc.
Mr.	Tyler	Curt Sr.	
Mr.	Ueki	Darren	Housing & Community Development Corporation

APPENDIX A

OLMSTEAD TASK FORCE MEMBERSHIP

Title	Last Name	First name	Agency
Ms.	Wada	Edna	Certified Peer Specialist
Ms.	Wai	Francine	Disability & Communication Access Board
Dr.	Whelley	Teresa	CDS, BBC on Employment, HCIL
Ms.	Whitney	Betsy	
Mr.	Wilson	Ken	Mental Health Association in Hawaii
Ms.	Wong	Stella	Catholic Charities Elderly Services
Ms.	Yamamoto	Susan	Staff Support DHS
Ms.	Yokota	Tessy	Social Security Administration
Mr.	Yoshimura	Dana	Housing & Community Development Corporation

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Goal 1: Each individual will be informed and educated to make choices and decisions.					
Objective 1a: Increase people's knowledge about choices and rights.					
Strategy 1a1: Gather information on all available community-based living options, support services and individual rights.	<p>The Real Choices website, www.realchoices.org, has been established to provide information on services to assist persons with disabilities. It includes a database of a variety of community and long-term care living providers. The following tasks will help to maintain complete and accurate information:</p> <ol style="list-style-type: none"> 1. Identify state executive departments and agencies with responsibility for licensing/certifying providers. 2. Develop a process for updating license/certification information. 3. Develop a process for state executive departments and agencies to encourage providers to register and maintain information. 4. Identify community-based living options (programs as opposed to providers) and support services, and consolidate information into a chart. 5. Work with AssistGuide to determine how to present information on options on website. 	<p>DHS, DOH</p> <p>DHS, DOH</p> <p>DHS, DOH</p> <p>DHS</p> <p>DHS</p>	<p>CDS, AssistGuide</p> <p>CDS, AssistGuide</p> <p>DLIR, CDS, AssistGuide</p> <p>DOH, DLIR</p> <p>CDS</p>	<p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p>	<p>Done</p> <p>Done</p> <p>Done</p> <p>Done</p> <p>Immediate</p>

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
	6. Each department updates the information annually.	DHS, DOH	DLIR, AssistGuide	N	Intermediate
Strategy 1a2: Make this information accessible to individuals with disabilities, their families, their caregivers, and service professionals on a statewide basis.	The Real Choices website has made the information accessible.				
	1. Prior to the termination of the Real Choices grant in May 05, convene a workgroup to identify future developments to improve/enhance the website. Prioritize activities in order of importance to consumers.	DHS	CDS, AssistGuide	N	Immediate
	2. Identify and apply for grants to improve accessibility of the Real Choices website and development of new features.	DHS	CDS	N	Intermediate
	3. Publicize information in other formats and obtain necessary funding.	All state executive departments and agencies, in particular DHS, DOH, DCAB, DLIR with HDRC, HCIL, SILC, DDC		Dependent on each dept's approach	Intermediate
	Seek grant to develop a model one-stop center in Honolulu to serve older adults, caregivers and persons with physical disabilities.	EOA	Elderly Affairs Division, C&C of Honolulu Elderly Affairs Division		Intermediate Pending RFP from US Administration on Aging
Strategy 1a3: Implement an education campaign targeting the public that will increase knowledge about choices and rights.	A training and education campaign has been a part of the implementation of the Real Choices website.				
	1. Conduct press releases and obtain free publicity about the website (e.g., news shows, Olelo program, highlights in newspapers and MidWeek, etc.).	DHS	CDS	N	Immediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
	2. Print and distribute rack cards to case managers, physician offices, others who may interface with individuals with disabilities.	DHS	CDS	N	Done
	3. Continue to publicize Real Choices website once the grant ends (e.g., public service announcements, health fairs, kiosks, yellow pages, distribution of materials, etc.).	All state executive departments and agencies, in particular DOH, DHS, DCAB, DLIR	HDRC, HCIL, SILC, DDC, AssistGuide	Dependent on each dept's approach	Intermediate
	Seek federal grant(s) to simplify Medicare information for adults with limited proficiencies in English.	EOA	Maui County Office on Aging, Alu Like, Inc., Maui Economic Opportunity, Inc., Maui Community College Media Center	N	Intermediate
Strategy 1a4: Provide a mechanism for users to give feedback on the accuracy, content, completeness, accessibility, and presentation of the information.	Develop an online survey that will allow users to evaluate the Real Choices website.	DHS	CDS, Maui Long-Term Care Partnership Project, Olmstead Work group	N	Intermediate
	Seek grants to expand and report on survey results.	DHS	CDS, AssistGuide	N	Intermediate
Strategy 1a5: Prepare and make available periodic evaluations of the state's information delivery system. The evaluation must integrate community feedback.	Assuming a sufficient amount of data is collected through the online survey instrument noted in Strategy 1a4, "mine" the data and prepare a summary of the results.	DHS	CDS, AssistGuide	N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Objective 1b: Assist people with using the information to make effective and informed decisions.					
Strategy 1b1: Foster individual and group discussions that share information among people with disabilities, by encouraging agencies to coordinate peer support and mentoring activities.	Develop a plan to implement this strategy. Report on progress two times per year.	DOH	All departments with responsibility for coordinating peer support and mentoring activities	N	Intermediate
	Coordinate with Kokua I Holomua project regarding the one stop center(s) for services and supports for individuals with DD and their families. Note: Phase I Kokua I Holomua project has ended 09/30/04. A new grant was received for development and implementation and will continue to 2007.	Office of Community Services	CDS, DDD, DDC, HDRC	N	Ongoing
	The CPASS grant provides training to individuals and families who participate in consumer direction. Individuals participating in the grant will be able to select their own services and service providers. Expand or seek additional grants to continue peer support and consumer directed activities.	DOH DOH	CDS, CPASS Council CDS	N N	Ongoing Intermediate
Strategy 1b2: Develop and implement a training initiative that teaches service professionals to effectively use the statewide information system to assist people with disabilities to make informed decisions.	The Real Choices grant trained approximately 2,300 individuals including self-advocates, service providers, state executive departments and agencies, case managers, non-profit agencies, employers, insurance agencies, financial planners, etc. on the Real Choices website. The following tasks will continue to support training efforts.				

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
	1. Orient new employees on the Olmstead principles, and provide training on accessing statewide resources such as using the Real Choices website.	All state executive departments and agencies, in particular DHS, DOH, DOT, DLIR, HCDCH, DOE		Y	Immediate
	2. Annually, provide training updates to its employees.	All state executive departments and agencies, in particular DHS, DOH, DOT, DLIR, HCDCH, DOE		Y	Intermediate
	Coordinate with Komo Kaulike Project to train One-Stop Center employees to develop a better understanding of accessibility and accommodation issues for persons with disabilities.	DOL	One-Stop Centers	N	Ongoing through 9/05
Strategy 1b3: Ensure that all individuals and organizations that provide services, including labor, education, transportation and health and human services, or that receive state contracts for such services to individuals with disabilities have demonstrated their commitment to Olmstead principles.	1. Define the Olmstead principles to be printed on department brochures and other material.	DOH, DHS	Olmstead Task Force	N	Immediate
	2. Publish the Olmstead principles on department materials.	DOH, DHS	DLIR, DOT, DOE	Y	As publications are printed.
	3. Revise request for proposals or new provider contracts to include information on Olmstead, and require providers to support the Olmstead principles, as deemed appropriate.	DOH, DHS	DLIR, DOT, DOE, AG	N	As contracts are renewed or new RFPs are issued.
	4. Work on revisions to statewide service contracts, as deemed appropriate.	AG	DOH, DHS, DLIR, DOT	N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Goal 2: Each individual will be supported in finding an appropriate, affordable and accessible home of their choice in a timely and efficient manner.					
Objective 2a: Undertake periodic assessments of all individuals in institutions, in a timely and efficient manner, to determine whether they choose to remain in the care facility or move to more independent community-based living alternative. In addition, prior to their institutional placement, undertake assessments of all individuals planning to enter a care facility.					
Strategy 2a1: Develop assurances and requirements to periodically assess, in a timely and efficient manner, individuals in all care facilities, institutions and hospitals – and to initially assess individual planning to enter such facilities – to identify their choice of community-based living. The written policy will require a neutral assessor.	Convene a workgroup to review the existing forms and processes for discharging individuals from institutions such as nursing homes and hospitals to the community. The group may choose to create a supplemental form or revise procedures to include more client participation when developing a plan to return the individual to the community.	DHS, DOH	HLTCA, HAH, individual providers such as hospitals and nursing homes, SILC, HCIL	N	Immediate
	Until a budget can be established or a grant obtained for neutral assessors, the workgroup will identify a process for including advocates and peer counselors to assist clients and facilities in the discharges. Look for pilot project to test revised process.	DHS	HLTCA, HAH, individual providers such as hospitals and nursing homes, SILC, HCIL	N	Immediate
Strategy 2a2: Develop a standardized personal choice assessment for interviewing care facility residents about their choice for community-based living.	Look for grants to support development of a standardized form. Grant money will be used to establish a process for identifying individuals to be assessed, individuals doing the assessment and training of the assessors.	DHS	CDS	N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 2a3: Develop a standardized assessment for identifying community-based living goals, personal and environmental strengths and needs, barriers to accomplishing goals, and an individualized plan for achieving the goals when the person wants to transition from the care facility.	Look for grants to support development of a standardized form.	DHS, DOH	CDS	N	Intermediate
Strategy 2a4: Use qualified service professionals and qualified peer advocates to facilitate the periodic assessments. Qualifications should be based upon knowledge and practice of informed choice, self-determination, person-centered planning principles and neutrality (i.e., lack of a conflict of interest).	Look for grants to support the development of position descriptions and minimum qualifications.	DHS, DOH	CDS	N	Intermediate
Strategy 2a5: Provide training opportunities for service professionals and peer advocates to learn how, while using the standardized assessment tool, to practice principles of informed choice, self-determination, person-centered planning, and neutrality.	Look for grants to develop training curriculum and to establish training program.	DHS, DOH	CDS	N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Objective 2b: Create effective ways for people with disabilities, their family members and caregivers, to evaluate and report on the assessment process for quality improvement.					
Strategy 2b1: Develop a system to collect feedback from people with disabilities, their families and caregivers, to improve, simplify and better coordinate the assessment process. In developing such a system, the state will seek input from people with disabilities, their families and caregivers, to ensure that the system is responsive.	Use the same workgroup(s) noted in Strategy 2a1 to identify the types of feedback from families and caregivers that are important.	DHS, DOH	HLTCA, HAH, individual providers such as hospitals and nursing homes, SILC, HCIL	N	Immediate
	Look for grants to develop a system to collect feedback.	DHS, DOH		N	Intermediate
Strategy 2b2: Maintain an effective connection between consumer feedback and the monitoring of state contracts for assessment services, so as to make competency in effective assessments a requirement of all service professionals who facilitate assessments of individuals in institutions and individuals who are planning to enter institutions.	Look for grants to develop monitoring systems for state contracts for assessment services. Ideally, this would be a part of the grant that would also be funding the development of the assessment tool and training of assessors.	DHS, DOH		N	Intermediate
Objective 2c: People in institutions who have had assessments that identify them as candidates for community living will transition from institutions into the homes of their choice.					
Strategy 2c1: Contract with service providers to act as gate-openers who will assist people with disabilities with implementing their individualized plans for community-based living.	Look for grants to pilot “gate-openers” and to determine the cost for continued employment.	DHS, DOH		N	Intermediate
	When funding becomes available, recruit, train and supervise “gate-openers”. Consider possible certification.	DHS, DOH		N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Goal 3: Each individual will have access to and will direct financial resources to meet their identified goals in a timely manner.					
Objective 3a: Maximize the use of existing financial benefits and resources.					
Strategy 3a1: Identify all presently available funding streams, both public and private, for people with disabilities, including the elderly, with special emphasis on general financial assistance, housing, health care, personal assistance and chore services, assistive technology and employment training.	Collect information on available resources.	DHS	CDS, DOH, DLIR and other governmental agencies.	N	Done
	Update annually for hard copy and on Real Choices website.	DHS		N	Intermediate
Strategy 3a2: Identify all eligibility and other criteria governing the use of funding sources.	Collect information on available resources.	DHS	CDS, DOH, DLIR and other governmental agencies.	N	Done
	Update annually for hard copy and on Real Choices website.	DHS		N	Intermediate
Strategy 3a3: Establish a mechanism for disseminating information on funding sources and eligibility and continuing to update this information on an ongoing basis.	1. Work with AssistGuide to determine how to present information on options and related funding sources.	DHS	CDS All state executive departments and agencies, in particular DOH, DOT, DLIR, HCDCH, DOE		Ongoing
	2. Look at other alternatives to Real Choices website to disseminate same information.	DHS			Intermediate
	3. State programs to maintain eligibility information on their websites.				Ongoing
Objective 3b: Change policies for existing resources to increase flexibility in how funds are used and give authorization to people with disabilities to control how they use their own funds.					

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN

As of December 30, 2005

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APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
	Several state departments and agencies have applied for grants including: CMS Real Choices LIFE Accounts CMS Real Choices Portals to EPSDT Administration on Developmental Disabilities Family Support 360 One Stop Center Grant				Done
Strategy 3b3: Identify policies that create disincentives to independent community living and consumer choice by establishing a mechanism for people with disabilities, their families and caregivers, to provide feedback.	Review and report this feedback to appropriate Departments.		DD Council, HI Disability Rights Center, DCAB, HCIL, SILC, Governor's Policy Office, HUD Fair Housing Grantee (Legal Aid Society)		
	Senate Concurrent Resolution 79 also seeks to advance self-determination as a means of increasing residential options.		DD Council, DOH, HI Disability Rights Center as additional resources		
	Identify a representative on the State Workforce Investment Board to present employment issues for persons with disabilities.	DLIR	DHS	N	Immediate
	Examine the process for discharging medically fragile children from the hospital. Involve parents, providers and state executive departments and agencies in identifying barriers.	DHS	MCH LEND Program, DOH, Skilled Nursing Agencies, Hospitals, Families	MCH LEND Grant	Immediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
	Identify best practices for transitioning children/youth into programs and settings.	DOH	DHS, Providers, Families		Immediate
	Each state department identifies a contact person who can be called when an individual is unable to be discharged from an institution to the community due to multiple and/or complex issues. The department receiving the call will coordinate a meeting of a group of representatives from the relevant state executive departments and agencies such as AMHD, SSD, MQD, AG, advocacy organizations such as HDRC and others such as hospitals. The purpose of the adhoc group will be to identify, discuss and resolve, if possible, issues preventing or restricting the discharge.	All state executive agencies and departments		N	Immediate
Strategy 3b4: Change policies that create disincentives for people with disabilities to use available benefits. In cases where federal regulations prevent such changes, the state will work with federal agencies to encourage changes in federal policy and regulation and will incorporate these changes at the state level when federal obstacles have been removed.	Respond to policies and barriers identified in Strategy 3b3.	DHS, DOH	Governor's Policy Office HCDCH, DOE, DLIR	Depends on solution	Intermediate
	For the two medically fragile case studies, make policy changes, if appropriate and possible.	DHS	LEND Program, DOH	Depends on solution	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 3b5: Address funding biases that privilege placement in an institution over community-based living, by advocating for changes in federal policy and by committing to increase funds for community-living services relative to funds traditionally allocated to institutional placement.	Current home and community-based waivers allow more consumer direction than other traditional programs and facility placement. Expand to other programs. Verify whether SSI funds can be used as match for Medicaid funds. – Response: NO.		DHS		Done
Objective 3c: Increase the availability of new financial resources to pay for community-based living services.					
Strategy 3c1: Establish new revenue sources through user fees, investment strategies, legislative appropriations and/or other mechanisms to fund community-based living options and services.	Explore cost share options to expand the pool of individuals who could be eligible for services.	DOH, DHS		Y	Intermediate
	Research feasibility of developing commercial package with an array of services (NHWW, MFCCP etc.) only currently available to persons who are Medicaid eligible.	DCCA	DOH, DHS, Governor's Policy Office	Y	Intermediate
	Encourage the development of a viable long-term care insurance market. Consider ways to guarantee that the insurance will be available when people need it (similar to FDIC guarantees bank deposits).	DCCA	Governor's Policy Office, DOH, DHS	Y	Long term
Strategy 3c2. Revise the state supplemental payment policy to allow recipients to live in the homes they choose.	Review and determine feasibility of revising the state supplemental payment policy.	DHS	DOH, DDC, legislature	N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 3c3: Work with Hawaii Congressional Representatives to re-define the formula for the federal Medical Assistance percentage for Hawaii and to increase federal funds.	Work with consultants to identify opportunities to increase FMAP.	DHS	HAH, HDRC	N	Immediate
	Educate congressional staff on the issues related to the financing of Medicaid services.	DHS	HAH, HDRC	N	Immediate
Strategy 3c4: Develop a unified, community-based living funding plan that maximizes and incorporates all funding streams to meet the needs of individuals with disabilities, particularly those identified as unserved or underserved.	1. Identify the funding streams.	B&F		N	Done
	2. Identify funding amount by type of fund (Medicaid, Title V, etc.).	B&F		N	Intermediate
	3. Identify the needs.	DHS, DOH	SILC, DLIR, Legislature	Y	Long term
	4. Correlate and cross reference to determine how to combine funds.	B&F		N	Long term
	5. Find and apply for grant(s) to perform the research and planning work.	DHS, DOH	Governor's Policy Office	N	Long term
Strategy 3c5: Establish an effective mechanism for people with disabilities, their families and caregivers, to provide regular feedback to appropriate policy makers on new fund development strategies.	Support development of Grants Office in Lt. Governor's office. Private and public agencies and individuals receiving information on new fund development activities report information to appropriate policy makers.	Lt. Governor's Office	DD Council, HI Disability Rights Center, DCAB, HCIL, SILC Governor's Policy Office, HUD Fair Housing Grantee (Legal Aid Society)	N	On-going

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Goal 4: Each individual will be able to locate housing, acquire personal support personnel, use transportation, and engage in employment to sustain community-based living.					
Objective 4a: Ensure the availability of suitable housing and enable people with disabilities to acquire the homes of their choice.					
Strategy 4a1: Increase the number of available, accessible and affordable homes. The state will specifically address the needs of rural communities.	<p>Collect data to establish housing priorities. Conduct a housing survey to identify the housing needs for the persons with disabilities.</p> <p>Identify current accessible housing inventories, housing shortfalls and possible corrective actions.</p> <p>Review existing laws and introduce legislation to provide universal accessibility.</p>	<p>DHS, DOH</p> <p>HCDCH</p>	HCDCH, Counties, HUD, U.S.D.A., DHHL, OHA and other housing agencies. State Housing Directors shall serve as the lead.	Y	<p>Immediate for housing supply</p> <p>Intermediate for housing needs</p>
Strategy 4a2: Develop financing mechanisms that make owning and renting such homes feasible for people with disabilities.	<p>Partner with private agencies to provide first time home loans to people with disabilities to purchase accessible homes or to purchase and modify homes.</p> <p>Government agencies to coordinate with private agencies.</p>	HCDCH	Counties, HUD, financial institutions, DHHL, OHA, CDS, and private agencies		Ongoing

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 4a3. Provide housing location and placement services that help people weave through the complexities of finding, converting, renting, financing, and/or securing the home of their choice.	<p>Convene a workgroup that meets regularly to discuss and begin work on:</p> <ol style="list-style-type: none"> 1. Identifying barriers to community placements; 2. Finding and implementing solutions to link persons with disabilities to available accessible public housing; 3. Researching what has been done in Hawaii (AMHD); 4. Designing a set of supports and service; 5. Identifying a pilot project; 6. Looking for and accessing grants money for planning grant and pilot. 	HCDCH	HUD, CDS, non-profit organizations, other housing agencies such as DHHL, OHA, HCIL, DOH, DHS		Immediate
Strategy 4a4: Ensure that at least one full-time staff person will work with developers, banks, other financial institutions, housing agencies and individuals with disabilities and their caregivers, to demonstrate that developing accessible and affordable housing is feasible and advantageous for all involved parties. The individual will do this by securing actual homes for real people. The state may secure such individual(s) in the manner it finds most appropriate: Direct hire, contract, partnership with a financial institution or other private entity, or other mechanism.	Action item is reflected in strategy.	HCDCH	Counties, other housing agencies such as DHHL, OHA, non-profit housing agencies.	Y	Long-Term

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Objective 4b: Develop and maintain a suitable workforce for community-based living support personnel.					
Strategy 4b1: Establish a unified mechanism to identify workforce requirements for community-living personnel, using feedback from sources that include people with disabilities, their families and caregivers, service providers and public agencies.	Connect with and initiate discussions with governmental programs (First-to-Work, Oahu Worklinks, Neighbor Island employment centers) that provide employment programs.	DLIR	DOH, DHS, Counties	N	Intermediate
	Establish a work group to identify pay equity issues for contracted services for direct support workers (skills trainers, personal assistants, etc). <ol style="list-style-type: none"> 1. look at consistency at reimbursement by various state programs for similar services. 2. review salary to direct support worker and administrative costs ratios. 3. assess impact on consumer directed services. 4. Explore options for certification standards direct support workers. 	DLIR	DOH, DHS, DOE, Counties	Y	Long term
Strategy 4b2: Identify all existing funding streams for workforce training and education and determine whether further appropriations are needed to meet anticipated workforce demands. Informal opportunities, such as those offered by churches and other civic groups, will be considered in the process.	Action item is reflected in strategy.	DLIR		N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 4b3: Develop a unified community-living workforce development plan in partnership with key labor agencies, service providers and representatives from people with disabilities. The plan will specifically address the needs of rural communities.	Action item is reflected in strategy.	DLIR		Y	Long Term
Strategy 4b4: Establish a public-private partnership that will develop and implement a cost-effective insurance plan to cover professional liability for community-living support personnel.	Action item is reflected in strategy.	DCCA		Y	Immediate
Strategy 4b5: Encourage labor policy changes, both statutory and regulatory, that create incentives for people to become community-living support personnel and that help ensure their livelihood.	Review current policies and identify those that require changes, for example immigration requirements, training, background checks, etc.	DLIR	AG, DOH, DHS	N	Intermediate
Objective 4c: Enable people with disabilities to qualify for jobs and gain employment to help sustain their community-based living.					
Strategy 4c1: Establish a unified strategy to train, qualify and facilitate the placement of people with disabilities in the employment of their choice.	Develop and sustain capacity of the One-Stops to provide accessible employment services to persons with disabilities.	DLIR	DHS, counties	N	Ongoing.
	Implement activities under the Workforce Investment Grant (training, acquire equipment etc.).	DLIR	DHS	N	Ongoing. Activity to be completed by 9/05

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 4c2: Develop a mechanism to evaluate the progress of individuals enrolled in public or vendor training programs, to help ensure that they actually progress toward their stated goals and achieve their employment of choice. This evaluation mechanism should take into account the full spectrum of training, from remediate to graduate education.	VR and DDD employment services providers have service plans which track this.	DOE, DOH, DHS		N	Completed
Strategy 4c3: Support innovative employment strategies, such as transitional employment and community-driven micro-enterprise.	Develop a mentoring system for those who wish to start a small business. The mentors would be self-employed individuals with disabilities.	DHS	Winners at Work	N	Immediate
	Improve and expand transition services for individuals with disabilities as they move from school to work or higher education.	DOE	DHS, DOH	Depends on the transition	Intermediate
Strategy 4c4: Ensure full employment opportunities for people with disabilities for all government positions and enforce compliance with equal employment opportunity regulations among all private contractors.	Issue an executive order instructing all department heads to ensure job applicants with disabilities are assured equal employment opportunity. The order will include a goal (number employed) for each department to strive for.	DCAB, DLIR	Governor's Office, all State Executive departments and agencies excluding PSD.	N	Immediate
Strategy 4c5: For vocational services that choose applicants based upon a system of priority, give priority to people with disabilities who are transitioning from institutional living.	To the extent possible, priority will be given to those transitioning from institutional living.	DHS		N	Ongoing

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 4c6: Ensure that vocational service personnel undergo the professional development necessary to interact effectively with people with disabilities and help people with disabilities achieve successful employment outcomes.	All state government offices which contract for employment services will require that all applicants for such contracts have taken a series of training programs from DCAB. DCAB to develop listing of programs provided, and to report attendance at such training to assure the department that contract personnel have been trained.	DHS, DOH	DCAB, DLIR	N	Immediate
Objective 4d: Optimize accessibility and mobility, by developing and implementing long-range, systematic plans, to enable people with disabilities to move throughout their communities, using all means of travel.					
Strategy 4d1: In cooperation with county transportation agencies, establish a unified mechanism to identify transportation requirements for people with disabilities in different communities, using feedback from sources that include people with disabilities, their families and caregivers, service providers and public agencies.	Provide information to counties on the Olmstead Plan's objectives related to transportation. Coordinate with and encourage counties to each conduct a standard customer needs assessment survey to determine the type of transportation service that will meet the needs of the target population.	DOT	County transportation providers.	Y	Immediate
Strategy 4d2: Develop a unified, community-based living transportation development plan with key federal, state, and county transportation agencies, service providers and representatives from people with disabilities. The plan will specifically address the needs of rural communities.	Work with individual counties to provide information on federal and state public transportation requirements. Utilize existing Rural Transportation Technical Advisory Committee (RTTAC) consisting of Neighbor Island Counties' public transportation agency directors to address Olmstead Plan objectives in their respective transportation plans and planning effort. This effort is totally dependent on each county. The focus is on rural areas (Big Island, Maui, Lanai, Molokai, Kauai).	DOT	County transportation providers, DCAB	Y	Immediate
Strategy 4d3: Ensure full access in all	Review existing contracts to insure that the	DOT	County transportation	N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
transportation projects by integrating ADA requirements into contracts with vendors.	ADA requirements are integrated and monitored.		providers, DCAB		
Strategy 4d4: In coordination with county agencies, appropriate and utilize the necessary funds to establish accessible transportation services for people with disabilities for rural communities on the islands of Hawaii, Maui, Kauai, Lanai, and Molokai.	Assist counties in identifying potential federal funds that could be used to establish accessible transportation services in rural communities.	DOT	County transportation providers, DCAB	N	Intermediate
Strategy 4d5: Work with county transportation agencies to ensure that public transportation personnel are effectively trained for interactions with- and safety protocols for services to persons with disabilities.	Procure funds to work with county agencies to train transportation personnel.	DOT, DCAB		Y	Intermediate
Strategy 4d6: Assign a disability access liaison from the Disability and Communication Access Board to assist with developing and implementing the unified transportation plan.	Procure funds to create a position in DCAB.	DCAB	DOT, Counties	Y	Intermediate
Objective 4e: Establish and maintain support service programs to assist people with disabilities to live in the homes of their choice.					
Strategy 4e1: Increase funding for community-based living support services.	Seek increased funding for chore services. Funding could be used to increase the hourly reimbursements and/or to provide more services to more people.	DHS		Y	Intermediate
	Seek increased funding for DD/MR waiver services. Funding could be used to increase reimbursements and/or to provide services to persons.	DOH	DHS	Y	Immediate and

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 4e2: Utilize funds appropriated for support programs within a reasonable timeframe.	Determine if current funding is being fully used.	B&F		N	Intermediate
	Target funding related to independent living supports.	DHS, DOH		N	Intermediate
	Track contract dollar amount versus actual amount expended at the end of the contract period.	DHS, DOH		N	Intermediate
Strategy 4e3: Develop and implement guidelines that balance quality of care, affordability, appropriateness of care and consumer responsibility.	Service providers and consumers collaborate on developing guidelines, beginning with the H&CBS Waivers through the Waiver Quality Framework.	DHS, DOH		Y	Immediate
	Expand Quality Framework to other programs.	DHS, DOH		Y	Intermediate
Strategy 4e4: Incorporate the principles of self-determination and consumer control into all state-funded support programs targeting individuals with disabilities.	Review and modify policies, procedures and practices to ensure consumer driven choices.	All state executive departments and agencies		N	Immediate
	Each state department serving persons with disabilities will orient its new employees on the self-determination and consumer control principles.	All state executive departments and agencies		Y	Intermediate
	Develop training and pilot projects, adjusting policies and procedures supporting self determination and consumer control.	All state executive departments and agencies		Y	Intermediate
	Incorporate the principles of self determination and consumer control in all state contracts, where applicable.	All state executive departments and agencies		N	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Goal 5: The State of Hawaii will coordinate an on-going, effective quality assurance program to monitor and assess the state's progress in meeting the goals and objectives of this plan.					
Objective 5a: Integrate people with disabilities, their families and caregivers, in the process of evaluating plan outcomes and the quality of community-based living services.					
Strategy 5a1: Identify a quality assurance entity to assume responsibility for monitoring and evaluating implementation of the Olmstead Plan. This entity may be a state agency or agencies, authorized private agency, a public-private partnership, or some other entity.	Designate an Olmstead Implementation Coordinator/Facilitator position with responsibility for ensuring the assigned Olmstead activities are implemented and reported.	All state executive agencies and departments		N	Immediate
	Identify and provide a budget for an organization (such as DCAB or SILC) to work with the group to resolve the issues (it is anticipated that this would require a temporary full time position for approximately 3 years). This organization will also document the issues and resolutions for purpose of educating others on existing barriers, options, and potential processes/considerations for future changes.	Governor's Office	All departments	Y	Intermediate

APPENDIX B

RECOMMENDED OLMSTEAD IMPLEMENTATION PLAN As of December 30, 2005

Olmstead Goal	Action Item	Lead Agency	Assisting Agencies/Other Stakeholders	Budget Required Y/N	Time Frame
Strategy 5a2: Establish a unified mechanism for evaluating all goals, objectives and strategies of the Olmstead Plan. This mechanism will include 1) feedback from people with disabilities, their families and caregivers, service providers, public agencies, legislators, and other entities and 2) opportunities for these stakeholders to meet and address Olmstead implementation on a regular basis.	Identify an existing Council or Board (DCAB, SILC, HDRC, or HCIL) consisting of at least 51% individuals with disabilities to provide oversight of progress on the Olmstead Implementation Plan. Report to the Governor regularly on the status and provide recommendations for corrective actions.	Governor's Office		Y	Intermediate
Strategy 5a3: Take corrective action whenever evaluation and advice from the quality assurance entity recommends corrective action.	Action item is reflected in strategy.	Governor's Office	All Executive Agencies	Depends on corrective action.	Intermediate

APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
Financial (Cash) Assistance					
Social Security	Cash payments	Persons aged 62 and older	Worked for ten years and paid social security taxes.	Federal	Social Security Administration
Social Security Disability Insurance (SSDI)	Cash payments	People who are unable to work for a year or more due to a disability.	Worked or have worked in the past and paid Social Security taxes. Must meet the Social Security Administration (SSA) definition of disabled.	Federal	Social Security Administration
Supplemental Security Income (SSI)	Cash payments	Persons who are blind, disabled or at least 65 years old with limited work history	Income and asset limits. Must meet the Social Security Administration (SSA) definition of disabled.	State and federal funds	Social Security Administration
Temporary Assistance for Needy Families (TANF) and Temporary Assistance to Other Needy Families (TAONF)	Cash payments	Needy families with children	Income and asset limits depending on family size.	State and federal funds	DHS, Benefits, Employment and Support Services Division

* In addition to meeting requirements for target population (e.g., veteran, family with children, disabled, etc.).

APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
General Assistance (GA)	Cash payments	Adults between the ages of 18 and 64, without minor dependents, who are disabled and do not qualify for Social Security.	Income and asset limits depending on family size, do not qualify for assistance from a federal program and certified by a DHS medical board to be unable to engage in substantial employment of at least thirty hours per week for at least 60 days.	State	DHS, Benefits, Employment and Support Services Division
Aid to the Aged, Blind, Disabled (AABD)	Cash payments	Persons aged 65 and older, or who are disabled.	Income and asset limits depending on family size. Must meet the Social Security Administration (SSA) definition of disabled.	State	DHS, Benefits, Employment and Support Services Division
Veterans Affairs (VA) Compensation	Cash payments	Veterans who are disabled by injury or disease that developed or worsened in the line of duty.	Veteran discharged under honorable conditions	Federal	Veterans Affairs Benefits Administration
Housing					
Community Care Foster Care Homes	Private homes that have 2 or less residents who receive care from live-in caretakers. Assistance with daily living activities such as bathing, feeding, medication administration, ambulation and dressing; and independent living activities such as cooking, money management, and laundry are provided.	Persons 18 years and older.	Income and asset limits depending on family size. Certified as requiring nursing facility level of care. Private pays can also access without level of care certification or income/asset	State and Federal Private pay	DHS, Social Service Division/Adult and Community Care Services Branch For private pays, DHS only licenses the Case Management Agency

* In addition to meeting requirements for target population (e.g., veteran, family with children, disabled, etc.).

APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
	<p>Level of care payments (State Supplemental Payments) are made directly to the home. Services are paid by the Medicaid waiver program.</p> <hr/> <p>No Level of Care payments for private individuals not meeting income and asset limits. These individuals are considered “private pay”.</p>		limitations		that certifies the homes.
Adult Residential Care Homes	<p>Private homes that have 5 or less residents with at least two functional deficits in ADLs who receive care from live-in caretakers. Assistance with daily living activities such as bathing, feeding, medication administration, ambulation and dressing; and independent living activities such as cooking, money management, and laundry are provided.</p> <hr/> <p>Level of care payments (State Supplemental Payments) are made directly to the home.</p> <hr/>	<p>Persons 18 years and older with two functional deficits</p> <hr/> <p>Same for private pays</p>	<p>Income and asset limits depending on family size. Do not have caregivers or a residence.</p> <hr/> <p>Private pays can also access by meeting functional deficits. Asset and income limitations do not apply.</p>	<p>State and Federal-if individual is receiving Level of Care payments, funding is from individual’s SSI income combined with the State Supplement Payment.</p> <hr/> <p>Private pay</p>	<p>Social Security Administration-SSI DOH-Licensure DHS-Social Service Division /Adult and Community Care Services Branch (administration of the Level of Care Payments)</p> <hr/> <p>For private pays, DOH only licenses the home.</p>

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
	No Level of Care payments for private individuals not meeting income and asset limits. These individuals are considered “private pay”.				
Expanded Adult Residential Care Homes	<p>Private homes that have 5 or less residents, of which 2 may be certified at nursing facility level of care, who receive care from live-in caretakers. Assistance with daily living activities such as bathing, feeding, medication administration, ambulation and dressing; and independent living activities such as cooking, money management, and laundry are provided.</p> <p>Level of care payments (State Supplemental Payments) are made directly to the home.</p> <p>_____</p> <p>No Level of Care payments for private individuals not meeting income and asset limits. These individuals are considered “private pay”.</p>	<p>Persons 18 years or older with two or more functional deficits.</p> <p>_____</p> <p>Same for private pays</p>	<p>Income and asset limits depending on family size. Do not have caregivers or a residence.</p> <p>_____</p> <p>For private pays, no certification or income/asset determinations.</p>	<p>State and Federal</p> <p>_____</p> <p>Private pay</p>	<p>DOH-Licensure DHS-Social Service Division/Adult and Community Care Services Branch</p> <p>_____</p> <p>For Private pays, DOH only licenses the home.</p>

* In addition to meeting requirements for target population (e.g., veteran, family with children, disabled, etc.).

APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
Residential Alternatives Community Care Program (RACCP) Foster Homes	<p>Private homes that have 2 or less residents who receive care from live-in caretakers. Assistance with daily living activities such as bathing, feeding, medication administration, ambulation and dressing; and independent living activities such as cooking, money management, and laundry are provided.</p> <p>Payments are made directly to contracted providers.</p> <hr/> <p>No payments for private individuals not meeting income and asset limits. These individuals are considered "private pay".</p>	Persons 18 years and older requiring nursing level of care.	<p>Income and asset limits depending on family size. Certified as requiring nursing facility level of care.</p> <hr/> <p>Private pays can also access without level of care certification or income/asset limitations</p>	<p>State and Federal</p> <hr/> <p>Private pay</p>	<p>DHS, Social Service Division/Adult and Community Care Services Branch</p> <hr/> <p>For private pays, DHS only licenses the Case Management Agency that certifies the homes.</p>
Assisted Living	<p>Apartments for persons who are not able to live on their own safely, but do not require the high level of care provided in a nursing home. Assistance varies, but may include help with daily living activities such as bathing, feeding, medication administration, ambulation and dressing; and independent living activities such as cooking, money management, and laundry are provided.</p>	<p>Persons 18 years and older requiring nursing level of care.</p> <hr/> <p>For private pays, requirements vary depending on the assisted living facility.</p>	<p>Income and asset limits depending on family size. Certified as requiring nursing facility level of care and do not have caregivers or a residence.</p> <hr/> <p>For Private pays, no certification of income/asset limitations or nursing facility level of care.</p>	<p>State and Federal</p> <hr/> <p>Private pay</p>	<p>DOH-Licensure DHS-Social Service Division/Adult and Community Care Services Branch</p> <hr/> <p>For Private pays, DOH only licenses the home.</p>

* In addition to meeting requirements for target population (e.g., veteran, family with children, disabled, etc.).

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

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* In addition to meeting requirements for target population (e.g., veteran, family with children, disabled, etc.).

APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
DOH Foster Homes (Takes up to 2 people)	Homes that have 2 or less residents who have a developmental disability. Assistance with daily living activities such as bathing, feeding, medication administration, ambulation and dressing; and independent living activities such as cooking, money management, and laundry are provided. Domiciliary payments are made directly to the home.	Persons 18 years and older certified as being Developmentally Disabled/Mentally Retarded Same for private pays	Income and asset limits if receiving Domiciliary Care payments. For Private pays, no certification or income/asset determinations	State and Federal	DOH Developmental Disabilities Division – certifies the home, certifies the individual as meeting DD/MR criteria, and places the individual. DHS-Social Service Division/Adult and Community Care Services Branch – administration of domiciliary payments.
24-Hour group home, 8-16 hour group home, interim housing, semi-independent housing, specialized residential housing, supported housing	Licensed interim housing and other homes with 15 or less beds. Includes supervision, monitoring and developing independence of activities of daily living and behavioral management, medication monitoring, counseling and training.	Persons 18 years and older meeting criteria for being seriously mentally ill (mental illness diagnosis and serious functional impairment).		State and Federal	DOH Adult Mental Health Division

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
Community residential services, therapeutic group homes, therapeutic foster homes	<p>Licensed group and foster homes with usually 3 to 6 individuals, but not more than 15 beds. Includes supervision, monitoring and developing independence of activities of daily living and behavioral management, medication monitoring, counseling and training.</p> <p>Out-of-home treatment settings are designed to treat specific mental health challenges and only incidentally provide housing as part of the comprehensive treatment approach.</p>	Persons 20 years old or younger meeting criteria for serious emotional and behavioral disturbance (SEBD) which include a qualifying psychiatric DSM-IV diagnosis and CAFAS above 80. Youth needing a complex array of rehabilitative services may qualify provisionally with a lower CAFAS score.	Income and asset limits if requesting QUEST/Medicaid coverage.	State and Federal for QUEST/Medicaid	<p>DOH Child and Adolescent Mental Health Division – SEBD determination</p> <p>DHS-Med-QUEST Division – QUEST/Medicaid eligibility determination</p>
Public Housing and Rent Supplement Programs (State only) and Section 8 Housing Choice Voucher Program (State and Counties)	Rent subsidy programs	Disabled 18 years and older	Income and asset limits depending on family size.	<ol style="list-style-type: none"> 1. Federal Public Housing (HUD) 2. Section 8 Housing Choice Voucher Program (HUD) 3. State Public Housing (State) 4. Rent Supplement Program (State) 	<p>DHS, Housing and Community Development Corporation of Hawaii (funding source 1-4)</p> <p>City & County of Honolulu, County of Hawaii, County of Kauai, and County of Maui (funding source 2).</p>

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
Section 8 Project-Based Programs	Rent subsidy programs	Disabled 18 years and older	Income and asset limits depending on family size.	Privately operated housing projects.	DHS, Housing and Community Development Corporation of Hawaii
Hula Mae Program (Homeownership)	This program provides eligible homebuyers with mortgage loans at lower interest rates than those available on conventional loans.	Disabled or Elderly	Income and purchase price limits. Participating lending institutions accept applications and screen applicants to determine their eligibility according to program guidelines, process loan applications, and deliver the loans to the HCDCH upon closing.	State and private financial institutions	DHS, Housing and Community Development Corporation of Hawaii
Mortgage Credit Certificates Program (Homeownership)	As an alternative method of financing for homebuyers. MCC Program provides eligible borrowers with a direct tax credit against their federal income tax liability making more income available both to qualify for a mortgage loan and make monthly payments.	Disabled or Elderly	Income and purchase price limits.	State and private financial institutions	DHS, Housing and Community Development Corporation of Hawaii
Downpayment Loan Program (Homeownership)	Provides eligible borrowers with downpayment loans. Funds made available under this Program must be applied toward the downpayment for the purchase of a home.	Disabled or Elderly	Income limits. The Program loan is to be processed simultaneously with the first mortgage and will be recorded or filed as second mortgage on the property purchased with the loan.	State and private financial institutions	DHS, Housing and Community Development Corporation of Hawaii City and County of Honolulu

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
Low Income Home Energy Assistance Program (LIHEP)	Financial assistance to help with the high cost of utilities or prevent termination of utilities. Payment is made directly to utility company on an annual basis.	Low-income persons	Income and asset limits depending on family size.	Federal	DHS, Benefits, Employment and Support Services Division
Health Care					
Newborn Hearing Screening Program	Arrange follow-up audiological evaluations	Newborns who fail to pass hearing screen; children less than age 3 who develop a permanent hearing loss after birth.		State	DOH, Early Intervention Section
Children with Special Health Needs Program	Pediatric cardiology and/or neurology clinics on islands of Hawaii, Kauai, and Maui where services are not available	Children 0 to 21 years	Income and asset limits for children with no other resources	State	DOH, Children with Special Health Care Needs Branch
Public Health Nursing Services Program	Skilled Nursing	Students in public schools with need for specialized medical care (i.e., ventilator and trach care; gastrostomy feeding, catheterization, etc.)	IDEA, Part B and 504 having need for specialized medical treatment by licensed nurses	State	DOH, Public Health Nursing Branch
Medicaid	Medical coverage for hospital, skilled nursing care, outpatient, physician, pharmacy, durable medical equipment, laboratory, x-ray, and other medical services. Payments are made directly to	Low-income children, pregnant women, adults, individuals with disabilities, blind and persons aged 65 and older	Income and asset limits depending on family size. Children less than age 19 and pregnant women do not have an asset limit.	State and federal	DHS, Med-QUEST Division

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
	providers of care or to health plans.				
Medicare	Medical coverage for hospital, skilled nursing care, outpatient, physician, some durable medical equipment, some pharmacy, laboratory, x-ray and other medical services. Payments are made directly to providers of care or to health plans.	Persons aged 65 or older, persons with disabilities, and persons with end-stage renal disease	Worked 10 years and paid Medicare taxes	Federal	Centers for Medicare and Medicaid Services
Veterans Affairs	Medical coverage for hospital, outpatient, physician, durable medical equipment, and other medical services.	Veterans	Honorably discharged, served one day of active duty before 09/07/80 or two consecutive years of active duty after 09/07/80 or was a National Guardsman or reservist brought to active duty by President. Depending on the availability of funding, VA may establish priority groups.	Federal	Veterans Affairs
Pharmaceutical Assistance	Prescription drugs	Programs vary, but typically they are designed for persons aged 65 and older	Income limits, but typically no asset limits.	Private	Various pharmaceutical manufacturers.

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Hawaii Rx Plus	Prescription drugs	Prescription drugs at Medicaid prices from participating pharmacies	Hawaii resident, family income less than or equal to 350% of the federal poverty level.	State	DHS, Med-QUEST Division
Medicine Bank	Limited prescription drugs				
Home and Community Services					
Older Adult and Caregiver Services	Personal care, homemaker, chore, home-delivered meals, adult day care/health, case management, congregate meals, nutrition counseling, assisted transportation, transportation, legal assistance, nutrition education, information and assistance, outreach; information, training and services for family caregivers; and other services respective to individual County needs and resources	Persons aged 60 and over, caregivers of persons aged 60 and over, caregivers of children below 18 years.	Persons with 2 ADLs or IADLs and are not receiving other government assistance	State and Federal	DOH, Executive Office on Aging and Area agencies on Aging
Chore	Help with independent living such as housekeeping, money management, shopping, cooking, and laundry services. Payments to client who reimburses the provider of services or payments to contractor for specified number of hours.	Adults with disabilities	Deficit in 2 ADL, certification from physician may be required	State and Federal Social Service Block Grant	DHS, Social Service Division/Adult and Community Care Services Branch
Adult Day Care	Social and education stimulation. Payments are made directly to contracted providers.	Adults with disabilities	Deficit in 2 ADL, certification from physician	State	DHS-Social Service Division/Adult and Community Care Services Branch

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Senior and Respite Companion	Cash subsidies to the Senior and Respite Companions	Persons aged 65 and older	<p>For companions, they must meet income limits in order to draw the subsidies</p> <hr/> <p>For individuals receiving the companionship, they must have functional deficits.</p>	State and federal grant	DHS-Social Service Division/Adult and Community Care Services Branch
Foster Grandparent Program	Cash subsidies to the Foster Grandparents	Children with developmental disabilities	<p>For companions, they must meet income limits in order to draw the subsidies</p> <hr/> <p>The children must be certified as having special needs.</p>	State and Federal Grant	DHS-Social Service Division/Adult and Community Care Services Branch
Nursing Home Without Walls (NHWW)	<p>Skilled nursing, personal care, meals, adult day health, personal emergency response system, transportation, respite.</p> <p>Payments are made directly to contracted providers or payments are made to the client who reimburses the providers of service.</p>	Medicaid-eligible individuals living in the community.	Income and asset limits depending on family size. Certified as requiring nursing facility level of care.	State and Federal	DHS-Social Service Division/Adult and Community Care Services Branch
Developmentally Disabled/Mentally	Adult day health, habilitation, habilitation supported	Medicaid-eligible individuals with developmental	Income and asset limits depending on family size.	State and Federal	DOH-Developmental Disabilities Division

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Retarded Home and Community-Based Services Program (DD/MR HCBS)	employment, personal assistance, respite, skilled nursing, specialized services, outreach, physical adaptations and non-medical transportation. Payments are made directly to contracted providers.	disabilities and mental retardation living in the community.	Certified as requiring ICF-MR level of care.		
Developmentally Disabilities	Person-centered adult supports	Adults with developmental disabilities/mental retardation that are NOT eligible for the DD/MR HCBS program	Adults with developmental disabilities/mental retardation eligible for services under 333F-2, HRS	State	DOH-Developmental Disabilities Division
Developmentally Disabilities	Partnerships in community living	Children and adults with developmental disabilities/mental retardation NOT eligible for DD/MR HCBS except for Kauai and Kona (RWJ exceptions)	Children and adults with developmental disabilities/mental retardation eligible for services under 333F-2, HRS	State	DOH-Developmental Disabilities Division
Developmentally Disabilities Respite	Respite reimbursement	Families of individuals with developmental disabilities or mental retardation living in the family home.	Children and adults with developmental disabilities/mental retardation eligible for services under 333F-2, HRS	State	DOH-Developmental Disabilities Division
Developmentally Disabilities Family Support	Family support to maintain individual with developmental disabilities or mental retardation living in the family home.	Families of individuals with developmental disabilities or mental retardation living in the family home.	Families of individuals with developmental disabilities/mental retardation eligible for services under 333F-2, HRS	State	DOH-Developmental Disabilities Division
HIV Community Care Program (HCCP)	Skilled nursing, personal care, meals, adult day health, personal emergency response system, transportation, respite.	Medicaid-eligible and diagnosed with HIV infection and/or AIDS living in the community.	Income and asset limits depending on family size. Certified as requiring nursing facility level of care	State and Federal Medicaid	DHS-Social Service Division/Adult and Community Care Services Branch

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

	Payments are made directly to contracted providers or to the client who reimburses the providers of service.				
Medically Fragile Community Care (MFCC)	<p>Skilled nursing, personal care, personal emergency response system, transportation, respite, case management, electricity for life support equipment.</p> <p>Payments are made directly to contracted providers.</p>	Medicaid-eligible children and youth below age 21 living in the community.	Income and asset limits depending on family size. Certified as requiring sub-acute facility level of care.	State and Federal Medicaid	DHS-Social Service Division/Adult and Community Care Services Branch
Program of All-Inclusive Care for the Elderly (PACE)	<p>Primary care medicine, skilled nursing facility, home health, prescription drugs, speech, occupational and physical therapies, durable medical supplies, transportation, and other medical services except acute hospital and .</p> <p>Capitated rate payment is made directly to Maluhia and Leahi Hospitals.</p>	Medicaid-eligible adults aged 65 and older.	Income and asset limits depending on family size. Certified as requiring nursing facility care. Participants receive all services through a managed care program at Maluhia Hospital and satellite at Leahi Hospital.	State and Federal Medicaid	DHS-Social Service Division/Adult and Community Care Services Branch
Independent Living (IL) Services	Information & referral, IL skills training, peer counseling, advocacy	Persons with significant disabilities	In need assistance to function independently in family or community.	State and Federal	Hawaii Centers for Independent Living (HCIL)
Independent Living (IL) Services for Older Blind	Information & referral, IL skills training, peer counseling, advocacy	Persons who are blind age 55 or older	In need of IL services	State and Federal	DHS/VRSBD/Services for the Blind Branch (Hoopono)

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Independent Living (IL) Services	Information & referral, IL skills training, community based support services	Veterans with disabilities	Veterans with qualifying service connected disabilities who are unfeasible for employment	Federal	Department of Veteran Affairs/Independent Living Program
Community Adult Mental Health Services	Case management; support services such as intervention, advocacy, transportation and outreach; crisis services; psychosocial rehabilitation services; and treatment.	Adults 18 years and older requiring mental health interventions and services. Emergent and urgent services such as crisis intervention and certain treatment services may be provided as needed. Services longer than 30 days require the person to meet criteria (mental illness diagnosis and serious functional impairment).for being seriously and persistently mentally ill (SPMI)	Income and asset limits if requesting QUEST/Medicaid coverage.	State and Federal for QUEST/Medicaid Community Mental Health Services Block Grant, PATH grant for non-Medicaid services. State, Medicaid and private insurers for treatment services	DOH-Adult Mental Health Division – SPMI determination DHS-Med-QUEST Division – QUEST/Medicaid eligibility determination
Child and Adolescent Mental Health Services	Crisis telephone hotline, crisis mobile outreach teams, crisis respite, hospital residential services, and intensive in-home mental health services. Time limited intensive interventions to diffuse individuals in an active state of crisis and to stabilize the family environment to improve the capability of the individual to care for self, and family to care for the individual.	Persons 20 years old or younger meeting criteria for serious emotional and behavioral disturbance (SEBD) which include a qualifying psychiatric DSM-IV diagnosis and CAFAS above 80. Youth needing a complex array of rehabilitative services may qualify provisionally with a lower CAFAS score. For crisis services only,	Income and asset limits if requesting QUEST/Medicaid coverage.	State and Federal for QUEST/Medicaid State for non-QUEST/Medicaid children/youth	DOH-Child and Adolescent Mental Health Division – SEBD determination DHS-Med-QUEST Division – QUEST/Medicaid eligibility determination

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

		<p>screening by ACCESS line for services.</p> <p>Youth in the juvenile justice system (Detention Home and at the Hawaii Youth Correctional Facility) requiring mental health services receive necessary services through the CAMHD Family Court Liaison Branch.</p> <p>Youth identified by the Department of Education through the IEP process under IDEA and youth identified by Department of Education modification plan under Section 504 as needing intensive mental health services are served by the CAMHD Family Guidance Centers or contract agencies by arrangement through the FGCs.</p>			
Children with Special Health Needs Program	Information and referral, outreach, care coordination, social work and medical nutrition therapy	Children with special health care needs age 0 to 21 years.		State	DOH, Children with Special Health Care Needs Branch
Early Intervention	Care coordination, audiology, family training, counseling, home visits, health and diagnostic evaluation, nursing, nutrition, occupational, physical and speech therapy, psychological and social work services, transportation, vision.	Birth to age 3 who are developmentally delayed (delay in one of five areas of development), or at biological (physical or mental condition with a high probability of resulting in developmental delay) and/or environmental		State and Federal Federal Medicaid funds are available for Medicaid eligible children	DOH, Early Intervention Section

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

		(physical, social or economic factors that may limit development) risk.			
Inclusion Project	Assistance to families to help identify and choose appropriate childcare settings for children with developmental delays.	Families with a child with developmental delays.	Child must meet requirements for developmental delay as defined by EIS.	State	DOH, Early Intervention Section
Respite Program	Respite care	Families with responsibilities for a child with special health care needs.	Child must meet requirements for developmental delay as defined by EIS.	State	DOH, Early Intervention Section
Public Health Nursing Services Program	Care Coordination	Individuals with complex medical needs requiring linkages to medical and other community resources	No other program services available	State	DOH, Public Health Nursing Branch
Public Health Nursing Services Program	Case Management	Frail, vulnerable elderly aged 60 and older living in the community.	Nursing assessment to determine eligibility	State	DOH, Public Health Nursing Branch
Food Stamp Program	Purchase of food	Low-income individuals and families	Income and asset limits depending on family size.	Federal	DHS, Benefits, Employment and Support Services Division
Women, Infant and Children (WIC)	Purchase of food	Low-income women, infants and children	Income and asset limits depending on family size.	Federal	DOH,
Assistive Technology					
Keiki Tech	Demonstrate and recommend low and assistive technologies appropriate for a child and family.	Child with developmental delays.	Child must meet requirements for developmental delay as defined by EIS.	Federal and state	DOH, Early Intervention Section
Assistive Technology (AT) Services	Systems change advocacy, AT education & training	Persons with disabilities, service providers, educators, professionals	Persons with significant disabilities in need of AT goods and services	Federal	Assistive Technology Resource Centers of Hawaii

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Employment and Training					
Vocational Rehabilitation	Assessments, diagnosis and treatment of impairments, vocational rehabilitation counseling and guidance, rehabilitation technology services, supported employment, vocation and other training, job placement and follow-up.	Persons with disabilities	Person must require and can benefit from services to become employed.	Federal funding with a 20% state match.	Department of Human Services, Vocational Rehabilitation Division
Ho'opono Center for the Blind	Assessment, career planning, adjustment, training, placement & follow-up, post employment services	Blind & Visually impaired adults age 55 or older	Need assistance to become employed	State and Federal	Department of Human Services, Vocational Rehabilitation Division
Vocational Rehabilitation & Employment Services	Assessment, career planning, training, placement & follow-up	Veterans with disabilities	Have qualifying service connected disabilities seeking employment	Federal	Veteran Affairs/Vocational Rehabilitation & Employment Services
Transition Centers	School-based counseling; career information; career exploration; work experience; community service learning; job placement	Students through 12 th grade	Attending one of 13 participating schools	State	Department of Education
Career & Technical Education – Secondary	Basic skills; evaluation; occupational skills; integrated instruction leading to job placement or postsecondary training	8th – 12 th graders enrolled in career and Technical Education Programs, disabled; economically disadvantaged; nontraditional (gender); single parents/displaced homemakers; other barriers		State and Federal	Department of Education, Instructional Services Branch/UH-OSDCTE
Career & Technical Education –	Assessment; classroom training and tutoring; counseling and guidance; recruiting/outreach;	Career & Technical Education students, with priority given to individuals with disabilities,		Federal	UH Community Colleges/OSDCTE

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Postsecondary	occupational skills; personal skills; support services; assistance for childcare, books, tools, supplies	economically disadvantaged, nontraditional (gender), single parents; displaced homemakers; other educational barriers; limited English			
Vocational Education-Offenders	Basic skills; occupational skills; personal skills; pre-employment counseling; employment training	Sentenced felons		State and Federal	Department of Public Safety/OSDCTE
Native Hawaiian Vocational Education Program	Business, arts and communication center; assistance into postsecondary, vocational and technical training; summer bridge programs, student development; leadership development; career development; short-term training; work site and field experience; tutorial services; entrepreneurship and business technical assistance.	Native Hawaiian vocational educational students		Federal	ALU LIKE, Inc.

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APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
Youth Programs	Basic education; job training; counseling; support services; job placement	Low income youth age 14 – 21.		Federal	Department of Labor and Industrial Relations, WDD/LWIAs
Molokai Youth Opportunity Grant	Basic education; job training; counseling; support services; job placement; community service; pre-employment; subsidized and unsubsidized employment	Molokai youth, age 14 -21		Federal	County of Maui
Hawaii Job Corps	School-to-Work; residential component; job placement; child care for non-residential component	Low income youth age 16-24		Federal	Pacific Educational Foundation, Inc.
Summer Youth Employment and Training Program	Classroom training; on-the-job training; work experience	Native Americans (Hawaiians, Indians, Alaskans) age 14 – 21		Federal	ALU LIKE, Inc.
Youth Challenge Academy	Life skills; high school diploma	At-risk youth age 16 – 18		State and Federal	U.S. Army Hawaii National Guard
Community-Based Youth Mentoring Program	Mentor training; Mentor matching	Youth referrals from community including high schools and Maui Police Dept.		Federal	U.S. OJJDP/Hui Malama Learning Center
Youth Service Center	Basic education; vocational training; health and fitness; case management; counseling	Youth age 13 – 19		State	Hui Malama Learning Center
Indian and Native American Program	Basic education; job training; counseling; support services; job placement	Low income American Indians and Alaskan Natives age 16 and older		Federal	ALU LIKE, Inc.
Native American Employment & Training	Classroom training; on-the-job training; work experience; job placement	Native Americans (Hawaiians, Indians, Alaskans)		Federal	ALU LIKE, Inc

* In addition to meeting requirements for target population (e.g., veteran, family with children, disabled, etc.).

APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
Employment Core Services for Immigrants and Refugees	Outreach and intake; assessment and planning; employment preparation; job placement & maintenance; family stability & development	Immigrants and refugees		State and federal	Department of Labor and Industrial Relations, Office of Community Services/Subrecipients
National Farmworker Jobs Program	On-the-job training and work experience supplemented by classroom instruction and support services such as clothing, safety shoes	Low income seasonal farmworkers		Federal	U.S. Department of Labor/ETA Division of Seasonal Farmworker Programs/Maui Economic Opportunity, Inc.
Senior Community Service Employment Program	Part-time employment in community service jobs	Low income persons age 55 and older		State and federal	Department of Labor and Industrial Relations, WDD/Subrecipients
Adult Programs	Basic education; job training; counseling; support services; job placement	Low income persons age 18 and older		Federal	Department of Labor and Industrial Relations, WDD/LWIAs
Employment Related Services for Low Income Persons Statewide	Employment assessment and preparation; job preparation and maintenance	Low income persons		State	Department of Labor and Industrial Relations, Office of Community Services/Subrecipients
Employment Program	Assessment and employment readiness; job placement and maintenance	Low income persons		Federal	Department of Labor and Industrial Relations, Office of Community Services/Subrecipients
AmeriCorps USA	National and community service	Volunteers who receive		Federal	UH-

* In addition to meeting requirements for target population (e.g., veteran, family with children, disabled, etc.).

APPENDIX C

COMMUNITY-BASED LIVING OPTIONS AND SUPPORT SERVICES

As of November 8, 2004

Service Category	Services	Persons Served	Eligibility*	Funding Source	Dept/Agency/ Organization
	programs in the areas of human needs, environment, education, public safety	federal stipend			Manoa/subrecipients
Self Sufficiency Programs	Job training; employment counseling; homeownership and education counseling; basic computer skills	Federal public housing residents and Section 8		Federal	Department of Human Services, Housing and Community Development Corporation of Hawaii
Dislocated Workers Program	Basic education; job training; counseling; support services; job placement	Persons who have been or will be terminated, laid-off		Federal	Department of Labor and Industrial Relations, WDD/LWIAs
Labor Exchange-Job Seeker Services	Job matching; job placement; assessment; counseling	All persons legally qualified to work in the U.S.		Federal	Department of Labor and Industrial Relations, WDD
Disabled Veterans Outreach Program and Local Veterans Employment	Job placement; counseling; employer relations; outreach	Job ready veterans		Federal	Department of Labor and Industrial Relations, WDD
Veterans Workforce Investment Program	Training; job placement	Campaign/wartime veterans; service-connected disabled veterans; recently separated veterans		Federal	Department of Labor and Industrial Relations, WDD

* In addition to meeting requirements for target population (e.g., veteran, family with children, disabled, etc.).

CONTACTS

11/08/04

Type of Assistance	Responsible Agency	Contact Information
Financial (Cash) Assistance		
Social Security, SSI, SSDI	Social Security Administration	Toll-Free: 1-800-772-1213 TTY: 1-800-325-0778 Social Security website: http://www.socialsecurity.gov/retirement Supplemental Security Income website: http://www.socialsecurity.gov/notices/supplemental-security-income Social Security Disability Insurance Website: http://www.socialsecurity.gov/disability
TANF, TAONF, GA, AABD	Department of Human Services Benefit, Employment and Support Services Division (BESSD)	TANF website: http://www.acf.hhs.gov/programs/ofa
VA Compensation	Department of Veterans Affairs	Toll-Free: 1-800-827-1000 TTY: 1-800-829-4833 http://www.vba.va.gov/bln/21/ http://www.va.gov/homeless/index.cfm
Housing		
Adult Foster Care Homes, Adult Residential Care Homes, Expanded Adult Residential Care Homes, Assisted Living	Department of Human Services Social Services Division (SSD)	Oahu: 832-51115 Kauai: 241-3337 Maui, Lanai, Molokai: 243-5151 East Hawaii: 933-8820 West Hawaii: 327-6280 http://www.hawaii.gov/dhs for program information http://www.hawaii.gov/health/elder-care/health-assurance/licensing/index.html for licensing information
Domiciliary Care Homes, DOH Foster Homes	Department of Health Developmental Disabilities Division Case Management and Information Services Branch 3627 Kilauea Avenue, Room 104	Oahu: Metro Honolulu 587-7564 West Oahu 692-7485 Waipahu-Ewa Beach 692-7493 Windward Oahu 587-7270

CONTACTS

11/08/04

Type of Assistance	Responsible Agency	Contact Information
	Honolulu, Hawaii 96816	East Waipahu 587-7685 Mililani-Turtle Bay 587-7685 Salt Lake-Pearl City 587-7675 Central Honolulu 587-7281 Hawaii: East 974-4280 West 322-4880 North 887-8114 Kauai 241-3406 Maui & Lanai 984-8250 Molokai 553-3200 http://www.cmisb.org
Rent subsidies, homeownership, public housing	Department of Human Services Housing and Community Development Corporation of Hawaii (HCDCH)	Contact individual offices for applications Oahu: 832-5960 TTY: 832-6083 http://www.hcdch.hawaii.gov Contact individual county offices for information: City and County of Honolulu 527-5909 County of Hawaii 961-8690 County of Kauai 241-4443 County of Maui 270-7351
Medical Assistance		
Medicaid, QUEST and Hawaii Rx Plus	Department of Human Services Med-QUEST Division (MQD) P. O. Box 700190 Kapolei, Hawaii 96709	General Information 1-808-692-8139 TTY: 692-8054 Contact individual offices on each island for assistance. Med-QUEST Division website: http://www.med-quest.us Medicaid website: http://www.cms.hhs.gov/medicaid

CONTACTS

11/08/04

Type of Assistance	Responsible Agency	Contact Information
Medicare	Centers for Medicare and Medicaid (CMS)	Toll-Free: 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048 Medicare website: http://www.medicare.gov http://www.cms.hhs.gov http://www.socialsecurity.gov
VA Health Care	Department of Veterans Affairs	Toll-Free: 1-800-827-1000 TTY: 1-800-829-4833 http://www.vba.va.gov/bln/21/ http://www.va.gov/homeless/index.cfm
Mental Health Services for Youth	Department of Health Child and Adolescent Mental Health Division	Administrative Offices: 1-800-294-5282 TTY: 1-808-733-9335 TTY Toll-Free: 1-800-294-5282 Crisis telephone Hotline: County of Hawaii: 1-800-753-6879 Kauai: 274-3883 Lanai: 1-800-877-7999 Maui: 1-866-433-5702 Molokai: 1-800-887-7999 Oahu: 832-3100 1-800-753-6879 For other services, contact Family Guidance Centers: Family Court Liaison Branch: 266-9922 Diamond Head: 733-9393 Kalihi-Palama: 832-3792 Leeward Oahu: 692-7700 Windward Oahu: 233-3770

CONTACTS

11/08/04

Type of Assistance	Responsible Agency	Contact Information
		Kauai: 274-3883 Maui: 873-3362 Big Island: Hilo: 933-0610 Waimea: 887-8100 Kona: 322-1542
Home and Community Services		
Older Adult and Caregiver Services	Department of Health Executive Office on Aging	Oahu: 523-4545 Kauai 241-4470 Maui 270-7774 Lahaina 661-5486 Hana 248-8833 Lanai 565-7114 Molokai 553-5241 Hawaii 961-8600
Chore, adult day care, senior and respite companion, foster grandparent, Nursing Home Without Walls, HIV Community Care, Medically Fragile Community Care, PACE	Department of Human Services Social Services Division	Oahu: 832-51115 Kauai: 241-3337 Maui, Lanai, Molokai: 243-5151 East Hawaii: 933-8820 West Hawaii: 327-6280 http://www.hawaii.gov/dhs
Developmental Disabilities/Mental Retardation Home and Community Based Services (DD/MR HCBS) and other community support services	Department of Health Developmental Disabilities Division Case Management and Information Services Branch 3627 Kilauea Avenue, Room 104 Honolulu, Hawaii 96816	Oahu: Metro Honolulu 587-7564 West Oahu 692-7485 Waipahu-Ewa Beach 692-7493 Windward Oahu 587-7270 East Waipahu 587-7685 Mililani-Turtle Bay 587-7685 Salt Lake-Pearl City 587-7675 Central Honolulu 587-7281

CONTACTS

11/08/04

Type of Assistance	Responsible Agency	Contact Information
		Hawaii: East 974-4280 West 322-4880 North 887-8114 Kauai 241-3406 Maui & Lanai 984-8250 Molokai 553-3200 http://www.cmisb.org
Independent Living Services for Persons with Disabilities	Hawaii Centers for Independent Living (HCIL)	Oahu: 1-808-522-5400 HCIL website: http://www.hcil.org/default.asp
Independent Living Services for Older Blind	DHS/VRSBD/Services for the Blind Branch	Oahu: 1-808-586-5268 (V/TTY)
Independent Living Services for Disabled Veterans	Veteran Affairs/Vocational Rehabilitation Services/Independent Living Program	Toll-Free: 1-800-827-1000 http://www.vba.va.gov/bln/vre/index.htm
Community Mental Health Services for adults	Department of Health Adult Mental Health Division 1250 Punchbowl Street, #256 Honolulu, Hawaii 96813	24 hours a day/7 days a week Oahu: 1-808-832-3100 Neighbor Islands: 1-800-753-6879 AMHD website: http://www.amhd.org
Early Intervention Services including Newborn Hearing Screening Program and Respite Program	Department of Health Early Intervention Services 1600 Kapiolani Boulevard, Suite 1401 Honolulu, Hawaii 96814	H-KISS (Oahu) 1-808-973-9633 Neighbor Islands: 1-800-235-5477 EIS website: http://www.hawaii.gov/doh Click on Family/Child Health Select Early Intervention
Inclusion Project	Department of Health Early Intervention Services 1600 Kapiolani Boulevard, Suite 1401 Honolulu, Hawaii 96814	1-808-973-1113

CONTACTS

11/08/04

Type of Assistance	Responsible Agency	Contact Information
Public Health Nursing	Department of Health Public Health Nursing Branch 1250 Punchbowl Street Honolulu, Hawaii 96813	1-808-586-4620 Contact individual offices on each island for assistance. Public Health Nursing website: http://www.hawaii.gov/doh Click on Family/Child Health Select Public Health Nursing
Assistive Technology		
Keiki Tech	Department of Health Early Intervention Services 1600 Kapiolani Boulevard, Suite 1401 Honolulu, Hawaii 96814	1-808-973-1120
Assistive Technology Resource Centers of Hawaii	Assistive Technology Resource Centers of Hawaii 414 Kuwili Street, Ste. 104 Honolulu, Hawaii 96817	Voice and Text Oahu: 1-808-532-7110 Neighbor Islands: 1-800-645-3007 http://www.atrc.org
Employment and Training		
Vocational Rehabilitation	Department of Human Services, Vocational Rehabilitation and Services for the Blind Division	Voice and Text: 808-692-7715 VRSBD Program Information website: http://www.state.hi.us/dhs/vr.pdf
Vocational Rehabilitation and Employment Services	Department of Veterans Affairs	Toll-Free: 1-800-827-1000 http://www.vba.va.gov/bln/vre/index.htm
Employment and Training Services to the General Public	Workforce Development Council (WDC) One-Stop Centers	WDC One-Stop Center s website http://www.hawaiiworkforce.org/OneStopCenters.cfm
Adult Program and Dislocated Worker Program		Oahu Work Links 592-8620 Hawaii County: DLIR WDD 974-4126 Maui County: DLIR WDD 984-2091 Kauai County: DLIR WDD

CONTACTS

11/08/04

Type of Assistance	Responsible Agency	Contact Information
		274-3056
Youth Program		City Office of Special Projects 832-7960 Hawaii County Salvation Army Family Intervention Services 959-5855 ext. 14 Maui County 270-7710 Kauai County 241-6390

APPENDIX D

BASELINE INFORMATION

When examining and/or discussing Olmstead issues for the state of Hawaii, it is important to know that the State funds a number of services and programs that support persons with disabilities in the community. Most of these services have been in place for many years, although only the most recent three fiscal years are presented. The following services are available through various state agencies:

Department of Human Services, Benefit, Employment and Support Services Division

The Benefit, Employment and Support Services Division (BESSD) provides a number of services that support individuals with disabilities in the community. The two financial programs available for persons who are disabled are the General Assistance (GA) and Aid to the Aged, Blind and Disabled (AABD). Both programs are funded solely by general funds and dependent on legislative funding each year.

General Assistance (GA) – provides cash benefits for food, clothing, shelter, and other essentials to adults between the ages of 18 and 64, without minor dependents, who are disabled and who do not qualify for Social Security. The current monthly maximum benefit is \$418 per month for an individual. However, since the GA program is a block-grant, the monthly individual amount can be reduced if the actual number of participants exceeds the projected number of participants.

The Department has a contract with Legal Aid Society of Hawaii to maximize the number of people eligible for federal cash assistance through Social Security. As a result of this contract, a number of individuals are converted each year from the GA state assistance to federal Social Security benefits.

Aid to the Aged, Blind and Disabled (AABD) – provides cash benefits for food, clothing, shelter and other essentials to adults who are elderly (65 years of age or older) or who meet the Social Security Administration (SSA) definition of disabled.

PROGRAM	FY 01*	FY 02*	FY 03*
General Assistance	5,108/\$24.1 mil	4,867/\$23.2 mil.	4,488/\$21.4 mil
Aid to the Aged, Blind	2,982\$/7.1 mil	2,806/\$7.0 mil	2,614/\$6.6 mil.

and Disabled			
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* average number of persons served per month /total dollars expended

Department of Human Services, Social Services Division

The Social Services Division (SSD) administers home and community-based services to help prevent premature institutionalization of vulnerable dependent adults and children. The services include:

Chore Services – provides essential housekeeping services to enable eligible disabled clients to remain in the community.

Adult Day Care – assists a limited number of disabled adults with placement into and the cost for licensed adult day care services in the community.

Senior and Respite Companion Programs – provides stipends to low income older adults who provide in-home companionship and limited personal care to frail elders and provide respite and relief to caregivers.

Nursing Home without Walls (NHWW) – provides in-home services to Medicaid-eligible individuals certified as requiring nursing facility level of care.

Residential Alternatives Community Care Program (RACCP) – provides residential placements in foster homes, adult residential care homes, and assisted living facilities as alternatives to institutional care for Medicaid-eligible adults who require nursing facility level care, and who have no caregivers or residence.

Program of All-inclusive Care for the Elderly (PACE) – semi-managed care program that provides services for elders certified as requiring nursing facility care.

HIV Community Care Program – provides in-home services to persons diagnosed with HIV infection and/or AIDS who are Medicaid-eligible and certified as requiring nursing facility level of care.

Medically Fragile Community Care (MFCC) – provides in-home services in their own home or licensed child foster homes to children less than 21 years old, who are Medicaid eligible and certified at subacute facility level of care.

Developmentally Disabled/Mentally Retarded Home and Community-Based Services Program (DD/MR HCBS) – serves Medicaid-eligible individuals with developmental disabilities and mental retardation living in the community, and certified as requiring ICF-MR level of care.

Foster Grandparent Program – enables low-income seniors to assist children with special needs.

PROGRAM	FY 01*	FY 02*	FY 03*
Chore ²	1,423/\$4.67 mil	1,359/\$5.35 mil	1,204/\$4.95 mil
Adult Day Care ³	92/\$.33 mil	87/\$.33 mil	80/\$.33 mil
Senior Companion ⁴	587/\$.54 mil	607/\$.56 mil	602/\$.61 mil
Respite Companion ⁵	306/\$.35 mil	241/\$.33 mil	234/\$.62 mil
Foster Grandparent ⁶	720/\$.64 mil	730/\$.65 mil	730/\$.66 mil
Medicaid Waiver ⁷ Programs:			
NHWW	805/\$10.4 mil.	854/\$13.8 mil	845/\$17.8 mil
RACCP	653/\$9.2 mil.	814/\$12.0 mil	684/\$13.3 mil
HCCP	86/\$0.5 mil	92/\$0.6 mil	92/\$0.5 mil
MFCC	17/\$0.04 mil	23/\$0.1 mil.	45/\$0.6 mil
PACE	107/\$2.1 mil	104/\$1.3 mil	105/\$1.7 mil

* total number of persons served/total dollars expended (state and federal, if available)

² The Chore program has two components, purchase of service (POS) contracts and cash reimbursement to clients. POS contracts are funded with only State funds while cash reimbursements are paid with state and federal funds. Federal funds come from the Social Services Block Grant – Title XX. State funding for cash reimbursements has remained the same over the years, but the federal government experienced reductions in FY 03. Program was closed to new participants in FY 03 to ensure adequate funding was available for current clients and re-opened in April 03. Drop in recipient count over three year period reflects increasing service costs due to minimum wage increases in 01/01/02 and 01/01/03, and reduction in federal funding in FY 03.

³ State funds only. Drop in program recipient count reflects increasing service costs with no corresponding increase in state funds. Allocation has remained constant.

⁴ State and federal grants. Federally funded by the Corporation for National and Community Service, Domestic Volunteer Service Act of 1973, Title II, Part C. Requires a state match.

⁵ State and federal grants. Federally funded by the Senior Community Service Employment Program, Title V. This is an employment and training program which receives the federal match from DLIR through an annual grant. The state match is in the form of DHS salaries. The program experienced recruitment problems in FY 02 resulting in slightly less funds being expended for services.

⁶ State and federal funds. This stipend volunteer program for low-income seniors is federally funded by the Corporation for National and Community Service (CNCS) and authorized by the Domestic Volunteer Service Act of 1973, Title II, Part C.

⁷ State and federal Medicaid Title XIX funds. Medicaid annual matching funds vary depending on the federal fiscal year.

Department of Human Services, Med-QUEST Division

In addition to institutional care (hospitals, nursing homes and ICF-MR), the Medicaid program also pays for targeted case management, hospice, home health and transportation for medical care - all services that support persons in the community. Case management is provided for medically fragile children; persons who meet criteria for DD/MR and are served by the Department of Health, Developmental Disabilities Division (DDD); and persons who meet criteria for being seriously mentally ill and served by the Department of Health, Adult Mental Health Division (AMHD). Skilled

nursing and personal care are provided only to children/youth less than age 21 under EPSDT. This Medicaid option was not selected for adults under the state plan.

Adults may receive skilled nursing care through home health services which cover skilled nursing, home health aide, and physical therapy services in the home. Services may be for a few hours per day, one or more times per week. Adults who require services that are not available through the home health benefit may obtain these services from the home and community based waiver programs.

Hospice is an option provided to those who are terminally ill and who have a life expectancy of six months or less. Medicaid covers medical transportation such as ambulance and air ambulance in addition to non-medical transportation. Non-medical transportation include airfare, taxi, handicab and handivan services and is provided when necessary in order to assist a patient in accessing Medicaid covered services. Non-medical transportation is always provided using the least expensive available means. When an individual must be flown to another island or mainland for medical care, meals and lodging are also provided. Detailed information on transportation is not available, although the program expends approximately \$4 million per year on non-medical transportation. Medical transportation such as ambulance and air ambulance is in addition to the \$4 million annual cost.

Medicaid Service ⁸	FY 01	FY 02	FY 03
Nursing Facility Care	\$145.5 mil.	\$156.2 mil.	\$180.5 mil.
ICF-MR	\$7.6 mil.	\$8.5 mil.	\$7.8 mil.
Hospice	\$0.5 mil.	\$0.6 mil.	\$0.5 mil.
Home Health	\$2.3 mil.	\$2.3 mil.	.7 mil.

Department of Human Services, Vocational Rehabilitation and Services for the Blind Division

VRSD is an employment program for eligible individuals with disabilities. To be eligible, the individual must have a physical or mental impairment which significantly impedes that individual from obtaining, maintaining or preparing for employment. And, the individual must need and be able to benefit from VR services in terms of employment.

All services needed for the individual to become and remain employed in a job consistent with that individual's strengths, abilities, capabilities, priorities, concerns, resources and

⁸ Reflects state and federal Medicaid funds for the fee-for-service program. Does not include spending by the QUEST plans for services on a short-term basis. Annual federal matching funds vary depending on the federal fiscal year. Variation in spending reflects cash reporting and changes implemented in November 2002.

Facility costs presented for comparison purposes only. Medicaid waiver services (other community-based services for persons who meet institutional level of care) are reported in the Department of Human Services, Social Services Division and Department of Health, Developmental Disabilities Division.

interests. Major services include assessment, counseling and guidance, planning, physical and mental restoration, training, rehabilitation technology, job placement and follow up. Some services require consideration of the individual's personal financial resources while others require application to and use of comparable services available in the community.

Indicators	FY 01	FY 02	FY 03
Participants Served	6,619	5,866	6,403
Referrals received	1,912	2,053	2,260
Placed into Jobs	566	517	617
Placed into Competitive Jobs	526 (92%)	482 (93%)	597 (97%)
Participants with severe disabilities	233 (41%)	213 (41%)	448 (73%)
Receiving Public Assistance	190 (33%)	165 (32%)	223 (36%)

Department of Health, Executive Office on Aging

The Executive Office on Aging (EOA) is the lead state agency for advocacy, planning, program development, and evaluation on behalf of Hawaii's adults 60 years and older, including caregivers of children under the age of 18, and family caregivers of older adults. The EOA designates County/Area Agencies on Aging to manage, develop additional resources, and coordinate the delivery of older adult and caregiver services. The four-year State and Area Plans on Aging capture older adult needs and resources committed by the State and Counties to serve older adults.

Services ⁹	FY 03*	FY 04*
EOA-funded services for older adults and caregivers	97,977/\$10.7 mil	90,783/\$11.1 mil

* total number of persons served/total dollars expended (state and federal, if available)

Department of Health, Developmental Disabilities Division

The Development Disabilities Division (DDD) serves individuals with developmental disabilities in Hawaii. During the 1990's through the present, the Division has worked to transition individuals from the institution to the community, educating individuals with development disabilities, their families and caregivers, and providers about the concept of self-determination, and providing services in the home and community.

The DDD administers the Medicaid waiver DD/MR home and community-based program serving over 1,700 individuals statewide. For those individuals who are not

⁹ Includes state and federal funds.

Medicaid-eligible, the Division offers services such as adult day, respite, family support and other community services to help sustain persons with developmental disabilities in their family homes.

Program	FY 01*	FY 02*	FY 03*
DD/MR HCBS ¹⁰	1,335/\$27.2 mil	1,560/\$34.7 mil	1773/43.0 mil
Adult Day program	\$0.9 mil		
Partnerships in Community Living	\$1.0 mil.	670/\$1.3 mil.	704/\$1.3 mil.
Person Centered Adult Supports		127/\$1. mil	139/\$1.0 mil.
DD respite	365/\$\$0.2 mil.	313/\$0.2 mil.	408/\$02 mil.
Family Support Services	135/\$58k	122/\$49k	114/\$61k

* total number of persons served/total dollars expended (state and federal, if available)

Department of Health, Adult Mental Health Division

The Adult Mental Health Division (AMHD) serves individuals eighteen years and older who have a severe and persistent mental illness. AMHD operates the accredited and licensed 178-bed Hawaii State Hospital for mostly court-ordered individuals, and provides crisis intervention and services to sustain individuals in the community. Since January 2003 when the U.S. District Court for Hawaii approved the Community Plan for Mental Health Services, AMHD has been actively broadening its services statewide. Services include case management, support services such as community-based intervention, consumer advocacy and supports, transportation and outreach, crisis services, psychosocial rehabilitation services, treatment, housing and forensic services.

A detailed breakdown of persons served by service type is not available. AMHD served 4,741 consumers in FY 02 and 4,476 in FY 03. The slightly lower numbers of persons served in FY 03 is the result of AMHD's budget shortfall in that year.

Expenditures ¹¹	FY 01	FY 02	FY 03
General Funds	\$36.2 million	\$40.5 million	\$34.4 million
Federal Funds ¹²	\$1.2 million	\$0.7 million	\$1.2 million
Special Funds ¹³	\$0.5 million	\$0.6 million	\$4.4 million
Total	\$37.9 million	\$41.9 million	\$40.0 million

¹⁰ Includes state and federal Medicaid spending. Annual federal matching funds vary depending on the federal fiscal year.

¹¹ Reflects community-based services only. Does not include costs for the Hawaii State Hospital and other inpatient services provided by private hospitals.

¹² From Community Mental Health Services Block grant and PATH grant.

¹³ Includes payments from all other payors such as Medicaid, Medicare, HMSA and other insurance companies.

APPENDIX E

ACTIVITIES SUPPORTING THE IMPLEMENTATION OF THE HAWAII OLMSTEAD PLAN

Only new activities or initiatives that were implemented between the development of the Olmstead Plan and the Olmstead Implementation Plan are presented here. Olmstead-related activities that had been in place prior to the development of the Hawaii Olmstead Plan are not discussed in this section. Refer to Appendices C and D for a description of the currently available living options and the baseline data.

Real Choices Systems Change Grant

Hawaii was awarded a \$1.35 million Real Choices Systems Change Grant in 2001 to develop and implement www.RealChoices.org, a web-based single entry point system. The website provides information on the options available to assist persons of all ages with disabilities and long term care needs. The website now offers an individual the opportunity to complete a DHS medical and financial assistance application on-line (which can be printed and later faxed, mailed or brought to any DHS eligibility office), a database of a variety of community and long-term care living options, information on other services such as transportation, employment, housing, and provides the ability for persons with disabilities to communicate and learn from each other in chat rooms. The project will end in May 2005, but the website will be sustained by AssistGuide, Inc., the contracted developer for the site. Future website enhancements will be made through additional grants.

Community Personal Assistance Services and Support (CPASS) Grant

¹ Moseley, Charles, "Picking Up the Pieces of Our Own Mistakes:" Supporting People with Co-Occurring Conditions, for the National Association of State Directors of Developmental Disabilities Services (NASDDDS), February 2004.

Hawaii was awarded a three-year \$725,000 systems change grant in 2002 to develop, support and pilot consumer directed services. The CPASS Statewide Council has selected three demonstration sites, chosen because of their diverse demographics, to explore consumer direction in Hawaii. Site Councils on Molokai, Leeward Oahu, and East Hawaii on the Big Island have been established.. Each council will explore the supports needed for consumer direction to be successful in their own community. One of the initiatives for CPASS is to establish a model(s) for the establishment of family councils in all communities in Hawaii. Another initiative is to provide sustainable supports to individuals who choose consumer direction. Individuals choosing consumer direction must learn the responsibilities of hiring and/or supervising staff providing the Personal Assistance services. All project participants must be eligible for services from the Department of Health's Developmental Disabilities Division.

The grant provides funds to train individuals and families who volunteer to participate in CPASS as well as provide support related to building sustainable community resources to support consumer direction. Supports that have been identified as necessary to ensure individual success include personal support agents/brokers, intermediaries and peer mentors. The CPASS grant is administered by the University of Hawaii Center on Disability Studies and is guided by a State CPASS Council made up of self advocates (51%), parents and representatives from state and county offices such as the Department of Health, Department of Human Services, Elderly Affairs Division of the City and County of Honolulu, DVR (Vocational Rehabilitation) and community stakeholders such as the Hawaii Centers for Independent Living, Hawaii Disability Rights Center, non profit Service Providers and SPIN-Special Parent Information Network. The findings from the CPASS grant will be used to guide system changes necessary to implement consumer directed services statewide to all DDD participants.

Hawaii 360 Youth and Family Project Kökua I Holomua

The Hawaii Department of Labor and Industrial Relations – Office of Community Services (DLIR-OCS) was awarded a three year grant (October 2004 through September 2007) from the U.S. Department of Health and Human Services, Administration on Developmental Disabilities for the amount of \$750,000. This grant is a collaborative effort to design and implement a Navigational One-Stop System for transitioning youth with developmental disabilities and their families. Fifty families in the Oahu Windward community will participate annually in this project to transform the current system into one that values consumer choice and self-determination, appears seamless to consumers, and treats consumers with respect and dignity. The strategic partners working with OCS who have committed to help develop a new certification process for non-profits serving individuals with developmental disabilities and their family members to become part of the statewide One-Stop Center system include: Hawaii State Council on Developmental Disabilities, Hawaii Disability Rights Center, Department of Health – Developmental Disabilities Division, Child and Adolescent Mental Health Division, and Family Health

Services Division, Department of Education Windward Oahu District, Oahu WorkLinks, the University of Hawaii – School of Social Work, AssistGuide, Inc., and other State, City and County, and non-profit agencies. This grant will be facilitated by the University of Hawaii - Center on Disability Studies.

Establishment of Neurotrauma Board

The 2003 Legislature passed Act 160 which established a special fund for Neurotrauma activities. A Traumatic Brain Injury Planning Grant funded by the U.S. Department of Health and Human Services was received in 1999 followed by an Implementation Grant in 2003. Currently, efforts are underway to implement the plan. Activities include 1) creating education and awareness; 2) establishing a Board; and 3) creating expertise in the area of traumatic brain injury.

Develop and Expand the Capacity to Serve Persons with Developmental Disabilities and Mental Illness

It has generally been accepted that individuals with co-occurring conditions of Mental Retardation/Development Disabilities (MR/DD) and mental health disorders are among the most challenging to serve. Typically, individuals with developmental disabilities and people with mental illness are served by different state agencies with different structures, policies and methods of service delivery. The result is separate regulations, different eligibility criteria and separate provider networks. The individual with co-occurring conditions is often not able to access the services that are needed from both systems in order to effectively remain in the community.²

Hawaii is no different from other states. The Department of Health, Adult Mental Health Division (AMHD) and the Developmental Disabilities Division (DDD) confirmed the realities of the two different systems when they began to discuss discharging dual-diagnosed individuals from the State Hospital. To assist in making system infrastructure changes to support the dually-diagnosed individuals, the DDD contracted with the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to review and make recommendations to expand the state's service delivery capacity to support eligible individuals in the community. The consultants began their work in March 2004 to review the existing case management services and provide recommendations on a crisis network development plan. The "Blueprint for Case Management" was provided to DDD identifying actions that should be taken to implement a comprehensive community-based system to meet the needs of the dually-diagnosed DD/MR with serious mental illness. Recommendations on a crisis network development plan are due to the State in December, 2004.

² Moseley, Charles, "Picking Up the Pieces of Our Own Mistakes:" Supporting People with Co-Occurring Conditions, for the National Association of State Directors of Developmental Disabilities Services (NASDDDS), February 2004.

As a first step toward implementation of the recommendations, the DDD is contemplating issuing a Request for Proposal (RFP) for a vendor to provide a crisis response team 24 hours per day/7 days per week. The service will include emergency housing for individuals whose behavior has stabilized, but who may no longer have a home to return to and the development of short-term transitional services designed to improve a person's skill and reduce the intensity of the challenging behaviors. Other recommended improvements require additional funding so they will be implemented as dollars become available.

Olmstead: Achieving The Promise: Transforming Mental Health Care in America

The Adult Mental Health Division operates the State Hospital and is responsible for developing and maintaining the infrastructure of community services directed toward persons with serious and persistent mental illness. Since the Olmstead Decision is critical to understanding the legal issues associated with institutionalization, AMHD has collaborated with and conducted educational sessions with AMHD Service Area Administrators, Hawaii State Hospital Family Intervention Group, United Self-Help Quarterly Meetings, Bridges Education Program, Oahu Service Area Board, 2003 Consumer Conference, Brigham Young University and Hawaii Disability Rights Center PAIMI (Protection & Advocacy for Individuals with Mental Illness) Advisory Council.

The Adult Mental Health Division, in collaboration with Advocates for Human Potential, Inc. also provided technical assistance to mental health consumers and service providers regarding consumer advocacy/empowerment and housing solutions. Consultants Alan Marzilli and Ann Denton provided valuable training to mental health service providers and community consumers on how the Olmstead decision and how to advocate for improved housing situations.

The Community Plan for Mental Health Services

In January 2003, the U.S. District Court for Hawaii approved the Plan for Community Mental Health Services. The Community Plan and the Hawaii State Hospital Remedial Plan of 2002 comprise the Omnibus Plan for Hawaii's integrated public adult mental health system.

Capacity Development of Jail Diversion Program

During Fall, 2002, AMHD was awarded a federal grant of approximately \$300,000 per year for up to three years for capacity development of jail diversion programs. The grant focuses on persons with mental illness who have been arrested for misdemeanors and nonviolent felonies offenses. The Big Island was selected to develop and implement an island-wide post-booking diversion program using community-based mental health services including case management, assertive community treatment, medications, treatment and psychiatric rehabilitation.

Hawaii Center for Evidence-Based Practice (HI CEBP)

Established in August 2003, the Hawaii Center for Evidence-Based Practice (HI CEBP) is a collaboration of the AMHD, University of Hawaii's School of Nursing, School of Social Work, School of Medicine's Department of Psychiatry. The goals of the HI CEBP include identifying emerging evidence-based practices, professional development and training for the current and future work force, procuring grants, establishing an annual conference, serving as a resource center and information sharing for the Pacific Basin and educating, empowering and enriching the lives of consumers and their family members.

Bridges Education Classes

Building Recovery of Individual Dreams and Goals through Education and Support (Bridges) is a program that introduces mental health consumers to the definition of hope. This program is jointly operated by United Self-Help and the Adult Mental Health Division and provides mental health education classes to community members, including AMHD consumers. The classes focus on emotional stages of recovery, mental illnesses, dual diagnosis recovery, principles of support, biology of mental illnesses, medication alternatives, tools for recovery, healthy spirituality, and consumer/patient rights.

Hawaii Certified Peer Specialists Program

AMHD established in 2003 the first Peer Specialist Training and Certification Program. It includes training for consumers who are currently working as or interested in becoming certified peer specialists involved in Assertive Community Treatment Teams, Community Support Teams, and Intensive Case Management Teams. Certified Peer Specialists are guided by the principle of self-determination and have the primary responsibility to help individuals identify their own needs, wants, and goals.

The Adult Mental Health Division's Office of Consumer Affairs networked with the Georgia Department of Human Resources Team in developing the peer training and certification process. In 2004 staff of the AMHD Office of Consumer Affairs were trained to become facilitators for subsequent training and certification of Hawaii peer specialists. Persons desiring to become Certified Peer Specialists will complete an extensive 2-week training followed by an oral and written examination. Once certification is achieved, the Certified Peer Specialists are integrated into treatment teams.

Annual Consumer Conference

Through the New Freedom Initiative State Coalitions To Promote Community-Based Care Grant from the U.S. Department of Health and Human Services, Substance Abuse

and Mental Health Services Administration, Center for Mental Health Services, the Adult Mental Health Division was awarded a 3-year contract of \$20,000 per year to devote efforts towards focusing on the goals of the President's Commission on Mental Health. AMHD will be promoting its efforts around Goal 2 of the commission notes which specify the significance of mental health care that is consumer and family driven. The funds will be utilized to support a Statewide Annual Consumer Conference to be held on Oahu. The one-day conference will include consumer, family member and service provider representation from statewide initiatives. The conference will include, but not be limited to, promoting the need for recovery-based services, consumer-provider significance, least restrictive settings, individually-based treatment models, the need for peer support programs, as well as continuing education workshops for certified peer specialists.

Medicaid Reimbursement for Mental Health Services in the Community

The Department of Human Services (single Medicaid agency), Med-QUEST Division and the Department of Health, Adult Mental Health Division worked together to implement the Rehab Option under the Medicaid fee-for-service program to obtain federal Medicaid matching funds. The federal funds will be used to financially support some of the community-based services for the seriously mentally ill provided by the AMHD. Since Medicaid funds are specifically not available for housing, these services will continue to be funded by general funds. The target date for implementation is December 1, 2004.

Discharging Persons from the State Hospital with Development Disabilities

The Department of Health Adult Mental Health Division operates a 178-bed licensed and accredited facility with the goals of promoting individual recovery and community reintegration. Approximately 25 individuals who are dually diagnosed with serious mental illness and development delays or mental retardation have been identified for discharge to the community. Since these patients will largely be Medicaid-eligible upon discharge, the AMHD and DDD of the Department of Health worked with the MQD of the Department of Human Services to develop a transition process for these individuals.

The DDD will continue to certify the patients as MR/DD as appropriate. With the State Hospital's and AMHD's input, the patient is assessed for community based services. Medicaid will reimburse for Rehab Option services, but AMHD also has the ability to provide different state-funded services (such as housing supports) to sustain the individual in the community. All of these services are approved by the AMHD if medically appropriate. The providers of services are invited to participate in the Individualized Service Plan (ISP) along with AMHD and DDD. At that time, it is determined which agency (AMHD or DDD) will provide case management for the client. The DD providers will receive specialized education in the care of the individual including behavioral modification techniques, administration of behavioral health

medications, and skills to effectively identify when to contact behavioral health professions and with a patient's difficult behaviors before discharge into the community.

"Going Home Project"

The Department of Human Services covered more individuals than otherwise could have been covered in the home and community based waiver programs by transferring Medicaid funding for state plan services to waiver services. This policy change allows the funds to "follow the person" when the individual is discharged from a waitlisted bed in the hospital. An individual is "waitlisted" in the hospital when the patient is at nursing facility level of care, but a nursing home or alternative community placement is not available. In the past, community placements were not available because the Medicaid waiver program, RACCP had reached its maximum limits. The Medicaid Home and Community Based Services (HCBS) waiver programs are the only Medicaid programs that can cap enrollment and limit spending and services for each waiver program participant. This is different from the traditional Medicaid program in which all individuals who qualify are eligible for all services under the full benefit package assuming they meet criteria for being medically necessary.

With the transfer of Medicaid funds to the waiver program, additional "slots" became available.